Lectures
ON
CRANIAL SURGERY.

Delivered to the Class of Operative Surgery in the University of Edinburgh,

BY ARTHUR W. HARE, M.B., F.R.C.S.E., &c.;
SENIOR DEMONSTRATOR OF SURGERY, EDINBURGH UNIVERSITY.

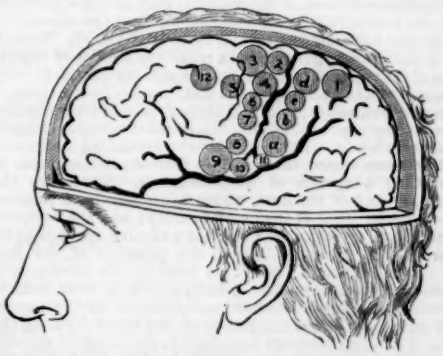
LECTURE III.

GENTLEMEN,—Proceeding on the line already laid down in my previous lectures, I should next describe the methods of diagnosis by which we can define the nature and extent of cranial injuries. But I have not as yet drawn your attention to certain points relating to the brain and its functions that will lend us great assistance in this matter. For in very many cases, as important information is derivable from the reaction of the brain in cases of head injury as from the direct study of the injured parts, since the latter is frequently rendered difficult and obscured by the anatomical peculiarities of the region. I shall therefore turn aside for a moment to consider what light we may obtain from the side of brain reaction in endeavouring to gain a clear view of the subject in all its aspects.

4. THE DISTRIBUTION OF BRAIN FUNCTION.

Since the recognition of the brain as the prime organ of the nervous system, an early and necessary consequence of the rise of a science of anatomy, there have been more than one theory in regard to the manner in which it carries on its functions. The older doctrine of Flourens and Hertwig, based as it was on a considerable mass of experimental evidence, and teaching that all parts of the brain are equally concerned in contributing to its aggregate activities, has been during the last twenty years gradually displaced by the theory of the localisation of function. Although this theory is so strongly suggested by the study of the anatomical conformation of the brain, it has received its chief support from recent physiological and pathological researches: the former carried on for the most part by Hitzig, Fritsch, Ferrier, and others; the latter by Broca and Meynert. The practical outcome of these researches—viz., an adaptation to the human brain of results obtained in that of the higher mammals, controlled by pathological observations on the human brain itself—is that the surface of the brain may be mapped out into a series of topographical areas, each of which occupies a definite relationship to some well-defined function—motor, sensory, or psychic—of the human economy. It is as yet problematical whether these cortical areas are to be looked upon as "centres" that originate nerve impulses in the way that the centres in the medulla oblongata are known to do; but it cannot be denied that they are each very intimately associated with some definite function, and it is therefore best to speak of them as "areas of representation" of the various functions to which they are related. Of the areas connected with psychic activities little is at present known: they are generally believed to occupy the frontal lobes of the brain. In the case of motor functions, very definite conclusions have now been arrived at. In the parietal region, grouped around the fissure of Rolando, are the areas associated with movements of the extremities of the opposite side of the body, and at the lower end of the fissure are those related to movements of the mouth and tongue. In the accompanying diagram (Fig. 4), the motor areas have been marked in their anatomical relation to the other structures of a normal head, dissected for the purpose, and showing the brain in its natural position. The areas associated with movements in neighbouring regions of the body have been shaded alike in the figure. Thus the areas *a*, *b*, *c*, and *d* bounding the fissure of Rolando posteriorly, and 5 and 6 in front of the fissure, together with 2, 3, and 4 at its upper end, are those in functional connexion with the upper extremity; *a*, *b*, *c*, and *d* being concerned in the movements of the fingers, hand, and wrist, 5 in a forward movement of the arm, 6 in pronation and supination of the forearm, and 2, 3, and 4 in co-ordinated movements of the whole upper extremity. The areas 7, 8, 9, 10, and 11, indicated as having a common region of motor representation, are related to movements of the tongue and of the muscles around the mouth. Area 1 represents in part movements of the lower extremity. In the same way areas of representation of general and of special sensation are located by Ferrier around the horizontal limb of the fissure of Sylvius. It must not be overlooked that this mapping out of areas has an absolute exactitude only in the case of the species of ape upon which the experiments were performed. Its bearing in the human subject is one of great relative importance; but it must not be looked upon as a final statement of fact in the case of man until each area can be shown to be correctly placed, as it is, by the accumulation of a sufficient number of clinical and of post-mortem observations directly confirming the method employed. Such evidence is now rapidly accruing—on the one hand, from cases of operative interference in localised intracranial disease; on the other, from pathological observations where the clinical history has been carefully noted during the life of the patient. Such results, no less than the practical application of Ferrier's observations to the human subject, confirm in a striking way the views expressed over twenty years ago by Hughlings Jackson, who conclusively demonstrated the cortical origin of those epileptiform seizures in which the motor phenomena originate in, or are limited to, a particular group of muscles. I need scarcely point out of what paramount importance these facts are to the practical surgeon; nor that, in cases where direct evidence as to the seat of an injury to the skull is not obtainable, reliable indirect information may be derived from the observation of effects due to concomitant injury of the cortex, the nature and distribution of these effects leading directly to an opinion as to the region of the brain affected. This introduces us at once into a new field of inquiry, for if we are by this means to detect and relieve circumscribed cortical injury or disease, it is obviously essential that we should possess an accurate knowledge of the relation of the cerebral convolutions to external cranial landmarks. For practical purposes, in the present state of our knowledge of brain physiology, this inquiry limits itself to an accurate localisation of the position of the fissures of Rolando and Sylvius in their relation to the surface of the head. This I shall next consider.

FIG. 4.



The fissures of Rolando and Sylvius are marked as broad dark lines. The shaded circles mark approximately the motor areas. 1, Lower extremity; 2, 3, 4, 5, 6, and *a*, *b*, *c*, *d*, upper extremity; 7, 8, 9, 10, 11, oro-lingual muscles.

5. CRANIO-CEREBRAL TOPOGRAPHY.

The study of the relation of the surface of the brain to the skull and scalp is a much wider subject for the anatomist than for the surgeon; for while the one must furnish with the utmost precision an account of relations as he sees them in the course of his dissection, the other deals with the living subject, and must have means at his disposal for defining the relation of internal structures to external landmarks apart from initial exploratory procedures. Whatever method the surgeon adopts, it must obviously be quite independent of a preliminary reflection of the scalp, since the due protection of that covering from unnecessary interference and its proper treatment in operative procedures are

essential to success. Any system depending upon the markings on the skull alone is therefore inapplicable: it may render confirmatory evidence to the surgeon in the course of an operation, but the primary data on which he must rely are the facts he can determine in regard to the head with all its coverings intact. The cranial sutures cannot therefore be used as landmarks, as they may be completely obliterated, and are very frequently not distinctly perceptible in the living subject. Some of the cranial eminences, however, are always available, and will give quite sufficient and accurate information on the point in question. In deciding which of them to adopt as of actual value, it is necessary to exclude all bony prominences which are not in direct relation with one part or other of the cranial cavity; they must further have some definite relation to the brain-case as a whole, irrespective of local variation in the development of the cranial bones of which they form a part. None of the prominences of the face are available, since they have no direct relation to the cranium as a whole. The unequal development of facial bones in relation to the skull proper, in different races and individuals, is clearly shown by Camper's observations on the "facial angle," and sufficiently marks their unsatisfactory nature as a basis of measurement. Though somewhat less obvious, it is equally true that bony landmarks on the lower segment of the skull cannot be taken as the basis of an accurate system of mapping out the regions of the cortex in their relation to the surface of the head. If the external auditory meatus or the mastoid process be taken for such a purpose, the lines traced from them upwards over the convexity of the skull will give inconstant results according as the frontal zone and the anterior fossa, or the occipital zone and the posterior fossa, are severally more or less developed at the expense of the parietal zone and the middle fossa of the skull. Though such a method may give uniform results in a series of typical skulls of any given race, its results will be found to vary extremely where a comparison is instituted between those of different types, and especially if there should be irregularities in the development of the individual bones of which such landmarks form a part. Excluding these outstanding landmarks for the reasons stated, there remain four of primary value in establishing a system of measurements. These are the glabella, or root of the nose, which bears a definite relation to the anterior limit of the cranial cavity; and the occipital protuberance, or inion, which bears a similar relation to its posterior end, corresponding to the junction of the falx with the tentorium. The whole mass of the cerebrum is disposed between these two points, and they bear definite relations to its cortical matter, uninfluenced by the respectively larger or less development of the bones forming the vault. The third constant landmark is the external angular process of the frontal bone, which bears a relation to the lateral expansion of the frontal lobes similar to that borne by the two prominences already mentioned to the anterior and posterior extremities of the cerebrum. It has also a uniform relation to the fissure of Sylvius. Lastly, the parietal eminence is of value, since it marks the greatest lateral expansion of the substance of the hemisphere; and, as Sir W. Turner has shown, bears a special relation to the supra-marginal convolution. Its cranial relations vary much in different heads. In a brachy-cephalic skull it is further from the vertex than in one of the dolico-cephalic type; but its cerebral relations are much more constant than its cranial, and it is therefore of value for the purposes of localisation in relation to the cerebral cortex.

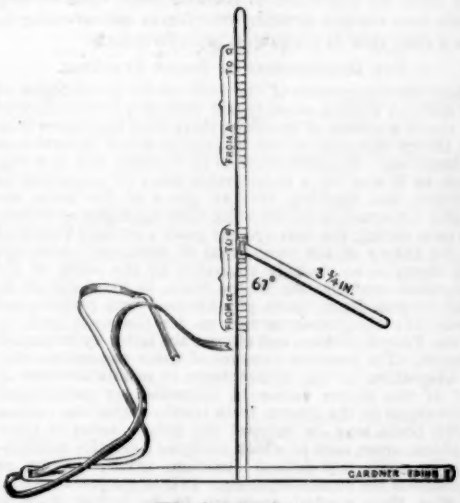
To find the upper end of the fissure of Rolando, by the use of these data, the surface measurement in the middle line of the head should be taken over the scalp from the glabella to the occipital protuberance. In ordinary adult heads this will vary from eleven to thirteen inches. Measured along this line from before backwards, the distance from the glabella to the top of the fissure will be 55·7 per cent. of the total distance from the glabella to the occipital protruberance. The following sliding scale shows the distance from the glabella to the top of the fissure in all ordinary heads:—

Where the distance from the glabella to the occipital protuberance is	The distance from the glabella to the upper end of the fissure of Rolando is
11 in.	6 1/8 in.
11½ "	6⅜ "
12 "	6⅝ "
12½ "	7 "
13 "	7¼ "

This scale is based on measurements taken from eleven heads of the most varied proportions. It depends for its accuracy on the fact that the pre-Rolandic and post-Rolandic regions of the brain have a uniform proportion to one another as regards extent, whatever the size of the brain as a whole. The pre-Rolandic arc is thus a definite fraction of the arc of the whole cerebral surface, measured in the middle line, and corresponds to a little more than half (55·7 per cent.) of the whole arc. The extent of the whole arc can always be obtained by taking the measurement between its extremities, the glabella and inion, as bearing a definite relation to it; and having calculated the fraction of this line corresponding to the pre-Rolandic arc as above defined, that distance is measured off from the glabella in the middle line, and gives the position of the top of the fissure. Professor Thane, of University College, employs a modification of this method: he halves the distance from the glabella to the inion; and, having thus defined the middle point of the vertex, takes a point half an inch behind it as the top of the fissure. This is not, of course, so accurate as a sliding scale, but it is quite sufficiently so for practical purposes, and as such it must be recommended as the most convenient method in the majority of cases.

Having thus defined the position of the upper end of the fissure, it is desirable to know its length and direction. The scalp measurement corresponding to its length is 3¾ in. It runs from above downwards and forwards, its axis making

FIG. 5.



Wilson's cyrtometer.

an angle of 67° with the middle line. In order to give practical value to the foregoing facts, an instrument has been devised, at the suggestion of Professor Chiene, by Dr. Claude Wilson of Tunbridge Wells, combining the scale of measurements for localising the fissure with those data representing its length and direction. The instrument (Fig. 5) consists of three strips of flexible metal and a tape for securing it *in situ*. The method of its application is illustrated in Fig. 6. The broadest transverse strip passes coronally round the forehead, corresponding with the glabella and the external angular process; the narrower longitudinal strip passes backwards from the glabella in the middle line to the occiput. This strip is marked with two scales of letters: capitals in its posterior fourth, and small letters about the middle of the strip. These two scales bear an exact relation to one another, calculated to suit in the application of the instrument to any ordinary head. Measured from the glabella backwards, the distance to any given small letter is 55·7 per cent. of the distance from the glabella to the corresponding capital letter; thus, when any capital letter falls directly over the inion, the corresponding small letter will coincide with the top of the fissure. A third narrow reversible strip slides on the longitudinal strip of metal, marking an angle of 67°, opening forwards, and marked at 3¾ inches from its attached end, thus giving the length and direction of the fissure on the surface of the head.

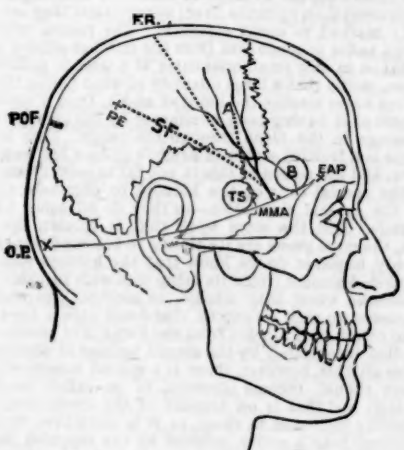
The fissure of Sylvius has very definite relations both to external landmarks of the head and to markings on the surface of the skull, which will enable the surgeon to localise its position prior to operative interference, and to confirm his view of its locality during the early stages of the operation. A line is drawn from the external angular

FIG. 6.

Wilson's cyriometer *in situ*. G, Glabella. EAP, External angular process. R, Fissure of Rolando; its position and direction marked by the lateral strip of metal.

process of the frontal bone backwards to the occipital protuberance, taking the shortest route between these points. Such a line droops a little towards the external auditory meatus, avoiding the greater convexity of the skull, which lies in the course of a horizontal line between the bony

FIG. 7.



Head, skull, and cerebral fissures (adapted from Marshall). OP, Occipital protuberance. EAP, External angular process. SF, Sylvian fissure. A, Its ascending limb. FR, Fissure of Rolando. PE, Parietal eminence. MMA, Middle meningeal artery. TS, Tip of temporo-sphenoidal lobe. B, Broca's convolution.

prominences. It usually passes about half an inch above the meatus, and thus closely corresponds to the floor of the middle fossa at this point; in front of the meatus it is above the floor of the middle fossa, and behind it runs parallel to, and nearly coincident with, the attachment of the tentorium and the posterior half of the lateral sinus. A measurement of an inch and one-eighth along this line, backwards from the external angular process, marks the commencement of the fissure of Sylvius. In this case there is no need for a sliding scale, for in heads of the most varied shapes and sizes the measurement remains identical. From this point a straight line drawn to the centre of the parietal eminence marks accurately the course of the posterior limb of the fissure. On reflecting the skin and the temporal fascia and muscle, the surgeon will find the pterion or junction of the sphenoid with the frontal, parietal, and temporal bones. From its point of origin under cover of the great wing of the sphenoid, the main line of the Sylvian fissure follows the line of the squamo-parietal suture to its highest point, whence it continues its course to the parietal eminence.

This is shown in the dotted line S.F. in Fig. 7. The ascending limb of the fissure corresponds closely with the sphenoido-squamosal suture in its entire length, and it is continued upwards in the same line for half an inch. An important anatomical detail in this region, that the surgeon does well to remember, is that the middle meningeal artery, after grooving the inner surface of the great wing of the sphenoid, passes on to the anterior inferior angle of the parietal bone, and is distributed to the dura mater lining the anterior and superior half of that bone. If he desire to expose the tip of the temporo-sphenoidal lobe, he should trephine behind the upper extremity of the great wing of the sphenoid; if to expose Broca's convolution, immediately in front of the same bony peninsula. The sites of the two operations are shown in Fig. 7.

THE EFFECTS OF MODERATE DRINKING ON THE HUMAN CONSTITUTION;

ITS INFLUENCE ON LIVER, KIDNEY, HEART, AND BRAIN DISEASES.

BY GEORGE HARLEY, M.D., F.R.S.,
FORMERLY PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL, AND PROFESSOR IN UNIVERSITY COLLEGE, LONDON.

No. II.

ALTHOUGH all persons who indulge in alcoholic stimulants well within the margin of actual drunkenness speak of themselves as "moderate drinkers," there are two special classes of them which bear no resemblance to each other, except in the one solitary circumstance that they never at any time take sufficient to intoxicate themselves. The one class is that which only partakes of stimulants while eating, the other indulges in them between meal-times. To the latter habit is applied in this country the title of "nipping," while in the East it is spoken of as "pegging." And this is the most pernicious of all forms of drinking, from the fact that stimulants taken without at the same time partaking of food, though only imbibed in small quantities at a time, have most deleterious effects on the internal organs. A man who habitually indulges in a single glass of sherry in the forenoon, a brandy-and-soda in the afternoon, and a glass of whisky-and-water in the course of the evening—for reasons presently to be explained—does far more injury to his constitution than one who partakes of a larger quantity of alcoholic stimulants at meal-times. That this is not a mere ideal opinion evolved from the realms of fancy, but one founded upon an indisputable basis, I shall show by reference to the tables of mortality furnished by the Registrar-General in his Annual Reports. As there, unfortunately, exist no especial tables of mortality from this form of moderate drinking, I have adopted the plan of estimating its effects on health by comparing the death-rates given in the reports of persons who in the course of their vocations are exposed to the temptation of taking small quantities of alcoholic stimulants between meal-times, with the recorded death-rates of those, at the same ages, whose trades and modes of life do not so expose them. And the results are, I think, perfectly conclusive. For they not only furnish us with a comparative absolute average death-rate in the two sets of cases, but in no ambiguous language point out both the exact organs of the body that are most

affected by nipping, and give us the relative proportions of the deleterious influence it has upon each of them.

First, then, as regards the influence of "nipping" on the liver and kidneys—the two organs of the body not only more immediately affected, but most closely corollated, from the fact that when the one is diseased the other has to perform its functions, as best it can, vicariously. Seeing that the average amount of drunkards is much about the same in all industries, when it is considered on such a vast scale as over the whole nation's strength I scarcely think anyone will doubt the trustworthiness of the results as revealed in the subjoined tables.[1]

Death-rate of Men between the ages of 25 and 65.

Men exposed to the temptations of "nipping."	Liver diseases.	Urinary diseases.
Commercial travellers	61	44
Brewers	96	55
Innkeepers, publicans, vintners, barmen, and waiters	240	83

The comparative death-rates of men of the same age engaged in other industries, not exposed to the temptation of "nipping," are, again, as follows:—

Death-rate of men not exposed to the temptations of "nipping."	Liver diseases.	Urinary diseases.
Gardeners and nurserymen	18	39
Printers	28	30
Farmers and graziers	41	31
Drapers and warehousemen	35	37

As an addendum to these most telling statistics, I think I cannot do better that quote what Baer says regarding the probabilities of life in persons exposed to the temptations of "nipping" compared with that of those not liable to be so tempted. The following is extracted from his table of Prussian statistics,[2] and I arrange them for the sake of easy comparison in two parallel columns, showing the probable duration of life calculated at different ages:—

PROBABLE DURATION OF THE LIFE OF MEN.

Age.	In the liquor trade.	Not in the liquor trade.
25	26·23	32·08
35	20·01	25·92
45	15·19	19·92
55	11·16	14·45
65	8·04	9·72

This, as is seen, is an equally instructive table.

To return for a moment to the part played by the so-called moderate use of alcoholic stimulants in the production of fatal forms of liver disease. As it is, I think, impossible that we as medical men can know too much regarding the probable deleterious effects of mere "nipping," I here subjoin an extract from the Registrar-General's tables of the comparative mortality from liver diseases in different industries, between the ages of twenty-five and sixty-five, in the years 1880-1-2, which exhibits the matter in a stronger light than any words of mine can possibly do:—

Bookbinders	3	Butchers	21
Booksellers	4	Fishermen	22
Hatters	9	Brewers	43
Tobacconists	10	Innkeepers, publicans, vintners, waiters, and barmen	197
Druggists and printers	18		
Gardeners and miners	19		

The result here shown is so startling that the Registrar-General not inappropriately designates it as "appalling," seeing that the proportion of deaths from liver diseases is in reality six times greater among men exposed to the temptations of "nipping" than in that of all the other industries combined. The actual figures being: for brewers, 1361; for vintners and other salesmen of wines, spirits, and beers, 1521; and for waiters and barmen (those most exposed to temptation), no less than 2205. Whereas, for maltsters, who are only concerned with the materials from which intoxicants are manufactured, and not with the intoxicating liquids themselves, the death-rate is only 830. Nothing could be more conclusive of the deleterious effects of so-called moderate drinking on the human constitution than this; for as all different effects in this world originating in identical causes are but relative, it is readily seen how a lesser proportion of "nipping," though giving rise to lesser results, must nevertheless cause a proportionate amount of cases of disease in the liver and kidneys to those given in the above tables.

Notwithstanding the familiarity of medical men with the fact that many cases of hepatitis, chronically enlarged liver, and cirrhosis are directly traceable to inebriety, few, I fancy, can have been prepared, without some special acquaintance with the subject, for the information furnished by the foregoing mortality tables of the potent action of alcohol on the liver, when only taken in small quantities at a time. And although it may at first sight appear strange that the liver of all the organs of the body should be most potently affected by moderate drinking, I think one can scarcely be surprised at this if he is acquainted with the peculiar action of alcohol introduced into the liver by the portal vein. For it requires, I think, but a small amount of reflection on the part of those acquainted with the mechanism of digestion to understand how alcohol, when taken into the stomach, even in small quantities at a time, is a powerful agent in the production of hepatic disease. Seeing that most of the liquid products of our food are carried directly from the intestines to the liver by the portal vein, it consequently follows that almost every drop of the alcohol, be it small or be it great, taken into the stomach must be directly conveyed by the portal vein to the liver, and compelled to filter through its tissues before it can possibly get into the general circulation and reach any of the other organs of the body. The knowledge of the fact that all the imbibed alcohol is directly conveyed to the liver by the portal circulation not only gives a clue to why alcoholic stimulants are so prone to induce hepatitis, as well as to increase the formation of sugar and aggravate diabetes, but to bring about an attack of gout. Seeing that the liver is regarded as the main source of both sugar and uric acid—the supposed gout-forming material. In addition to which, the direct conveyance of alcohol to the liver affords us a reasonable explanation of why alcohol taken along with the food is so much less detrimental to the constitution than when it is taken on an empty stomach. Moreover, it is now a well-known fact that the continuous excitement of the liver kept up by habitual "nipping" is far more injurious to its functions than an occasional outburst of drunkenness followed by intervals of strict sobriety. It equally accounts for the fact that the liver is not alone the first organ of the body that becomes affected, but is at the same time the one most seriously disordered by moderate drinking.

The effects on the kidneys of moderate drinking are far less apparent than upon the liver; nevertheless they are sufficiently marked to merit attention. The reason why the kidneys suffer so much less from the imbibed alcohol when it is taken in only small quantities at a time is sufficiently obvious, seeing that a large quantity of what passes through the liver never reaches the kidneys at all, from a considerable part of it having been eliminated by the breath during its passage in the blood through the lungs. That intemperance is a fruitful source of Bright's disease has long been known, and the reason of this is not far to seek, seeing that it is the special duty of the kidneys to eliminate alcohol from the general circulation—as they do all other foreign materials. And the more work that is thrown upon an organ, the more prone are its tissues to become degenerated. Not only, however, do we know that the kidneys eliminate the imbibed alcohol (from its being met with in urine), but we likewise know that alcohol, as alcohol, saturates the renal tissue to such an extent that I and others have been able to obtain pure alcohol from the kidneys of persons who have died intoxicated by the simple process of distillation. Besides all this, however, there is a special reason why the kidneys should become diseased in so-called moderate drinking; and that is on account of the circulation being incessantly increased in them, as it is elsewhere, from the accelerated heart's action induced by the repeated imbibition of stimulants in small quantities. For no doubt the diameter of the renal bloodvessels is augmented by their engorgement, and consequently they exert a deleterious pressure on the intervascular tissues, which will interfere with their proper nourishment. While, further, this engorgement of the renal vessels will render the kidneys more liable to the injurious effects of chills; and chills are, as is well known, the most fruitful cause of kidney disease. This view of the case appears to me to give not only the clue to the reason why Bright's disease is so particularly common among the inebriate, but likewise why transient attacks of albuminuria are so frequently met with in moderate drinkers, among both men and women. Spirit

[1] Supplement to the Forty-fifth Annual Report, 1885, p. 32.
[2] Deutsche Med. Wochenschrift, Jan. 28th, 1887.

drinking is said to be mainly instrumental in inducing the variety of renal disease named granular kidney; while beer drinking is, on the other hand, thought to be most potent in bringing about fatty degeneration of the renal tissues. Be that as it may, I well know, from a long experience of urinary affections, that even small quantities of alcohol habitually indulged in sometimes bring on most troublesome forms of albuminuria, without there being any well-marked symptoms of the existence of either granular or fatty degeneration of the tissues of the kidneys.

THE MEDICAL OUT-PATIENT ROOM AS A FIELD FOR CLINICAL INSTRUCTION.[1]

BY JOHN LINDSAY STEVEN, M.D.;

ASSISTANT TO THE PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF GLASGOW; ASSISTANT PHYSICIAN, GLASGOW ROYAL INFIRMARY, &c.

GENTLEMEN,—Since my student days it has seemed to me that, in the Glasgow School at least, the value of a carefully directed course of practical study in the dispensary has been somewhat overlooked. During my own career as a medical student we had practically no systematic instruction in the out-patient department. It was necessary for graduation purposes that a ticket of attendance on a course of dispensary practice should be secured by the student; but in the majority of cases this was obtained without the slightest difficulty, and no steps were taken either by the licensing authorities or the members of the dispensary staff to see whether anything real and valuable in the way of practical instruction had been imparted or not. How far this has been remedied since then I am not in a position to say, but I suspect that, taken overhead, matters are very much as they were. Students are permitted to take out their dispensary instruction pretty much when and how they please; no disciplinary oversight is exercised by anyone; and so long as the necessary ticket is obtained, the grand end of the out-patient room as regards many of the students is fulfilled. Now, you will agree with me that this is not as it should be. The great importance and surpassing interest of clinical study in the wards are apt to blind the student to the value of the experience derived in the dispensary of the hospital, and the anxieties of every-day practice and the extreme difficulty of carrying through any systematic plan of practical instruction in the out-patient room are perhaps apt to cause the members of the dispensary staff to forget somewhat the responsible duty which is imposed on them of careful clinical teaching. Since I became a member of the Royal Infirmary staff these opinions have been strengthening in my mind, and it has always been a matter of serious consideration with me how best I could utilise the large amount of valuable clinical material we have here for the best interests of the students, who feel it to be their duty regularly to attend. If you will bear with me, then, for a little, I shall endeavour to give you some idea of the nature of dispensary practice, of its comparative value to students of medicine, and of the methods of instruction I propose to carry out in this clinique.

In the first place, I remark that, as a general rule, the class of cases one sees in the out-patient department differs very markedly from that observed in the wards of the hospital. Dispensary cases resemble much more closely those of the ordinary run of patients met with in general private practice. The patients come to you here; you go to them in the wards. Many of them are suffering from those slighter ailments which do not prevent their going about or attending to their business, and which are almost never seen in the wards. Broadly speaking, too, it may be said that in the dispensary we see the insidious beginnings of disease, often exceedingly difficult even for skilled observers to recognise; whilst in the wards we meet with the advanced stages or typical acute forms which are easily diagnosed, or with those obscure examples of morbid action which baffle the most skilful, and which are frequently only perfectly (or imperfectly) explained in the post-mortem theatre. For one example of the latter class of disease which you will meet with in the ordinary course of private practice you will meet with twenty of the former. But do not suppose that in attending here you are only to see the early stages of disease, or those cases which are so trifling as scarcely to demand the serious attention of the physician. It is not so. Many cases will be met with in the course of our work here quite as interesting, quite as difficult of diagnosis, and quite as dangerous to life as any you will meet with in the wards of the infirmary. Further, it may also be said that in the dispensary you are enabled to study disease more in its natural habitat. You will observe the progress of morbid action when unrestrained by the regulated hygiene, the strict discipline, and the skilled treatment which can only be carried out in the wards, and you will thus obtain some foretaste of the anxious, harassing work that still awaits you in your future combat with disease in private practice. In the dispensary you will gain some practical knowledge of the surroundings and habits of our daily life which are liable to call forth disease, and this experience will help you to acquire that skill which is essential for the correct recognition of disease at its very outset. This, then, is the kind of material with which you will be engaged and the nature of the experience which you will acquire in this department of hospital work, and, if this be so, you will agree with me that the more you give it your sympathetic attention and earnest study, the more you familiarise yourselves here with the varied aspects of sick humanity, the more kindly and skilful physicians you will afterwards become.

In the dispensary, too, the student attains some facility in the important art of prescribing, the difficulties of which so many feel in the earlier periods of their career, difficulties which even the most careful study in the wards or the materia medica class-room do not readily remove. Here a large number of prescriptions are dictated by the physician in the course of the sederunt, and these the students are in turn permitted to write, so that a certain familiarity with this part of professional work is acquired.

If we now attempt to compare somewhat more in detail clinical work as conducted in the wards with that carried out in the dispensary, we have placed before us a task of no inconsiderable difficulty, and yet it is one which we must face in order that we may attain a comprehensive idea of the value of clinical study as a whole. Fundamentally the object of clinical study in both places is the same—viz., the attainment of that intimate knowledge of and acquaintance with the phenomena of disease which must be the highest aspiration of every true medical man. But the pursuit of the object is necessarily conducted in somewhat different ways. In the wards there is time for careful, deliberate, accurate study of individual cases, with all the surrounding essentials for such detailed consideration. The teacher has the opportunity of patiently investigating his cases in private, and the student has the benefit of his matured cogitations in the clinical lecture or demonstration. Then, again, in tutorial classes practical instruction in physical diagnosis and in the reporting of cases can be regularly given, and the fundamental elements of the science and art of medicine successfully laid. Obviously, such a method of study and instruction is almost impossible in the out-patient room; and I do not think I am exaggerating, for I have had some experience of both, when I state that the difficulty and labour of ward teaching is as nothing compared with that of regular dispensary instruction. In the wards you may study your case for a week or a month; in the dispensary you are sometimes fortunate if you can do so for twenty minutes; and yet in both cases the imperative, I would almost say solemn, duty is laid upon the teacher of utilising to the uttermost for the instruction of his pupils every case that comes before him. Clearly, then, anything like the complete demonstration and systematic teaching possible in the wards is almost if not quite impossible in the dispensary. All that can be done by the out-patient physician is to seize the salient features of a case, briefly to point them out, remarking perhaps upon their significance, and to give the gentlemen present such opportunities for the appreciation of the physical signs as are compatible with the due consideration of the feelings and strength of the patient. It will thus be easily understood that in the dispensary a certain amount of elementary knowledge on the part of students is always taken for granted. This knowledge the students may have previously attained or

[1] Being a portion of an introductory address delivered to the students attending the author's clinique in the Glasgow Royal Infirmary Dispensary, Nov. 5th, 1887.

may be acquiring at the same time they are attending in the out-patient room. The elements of clinical medicine and those habits of patient investigation and cogitation so invaluable to the practitioner must be acquired in the wards at the bedside; the practical experience which enables a man rapidly to grasp the main points of a case and speedily to resolve upon a method of treatment is largely to be obtained in the dispensary. With this object in view, it is the duty of the dispensary physician to direct attention to all physiognomonic points; by the manner of putting his questions and eliciting information to impart some idea of the clinical history; to make a careful physical examination, in which students are allowed to assist and take part; and finally, to state clearly the opinion he has formed with regard to diagnosis, prognosis, and treatment, making any additional remarks which he may think necessary to the clearer understanding of the case by the gentlemen present.

In thus drawing a comparison between the two great departments of clinical work, do not think that I am exalting the one or disparaging the other. I am simply pointing out certain well-defined differences between them. Both kinds of instruction and study must always go hand in hand; there can be no antagonism or rivalry between them; and the more the two are combined in the student's career, the more successful will be the final result. No man who does not earnestly and devotedly follow out his clinical studies in the wards can ever become great, or even very useful, in our profession; but the man who devotes his whole attention to the patient, deliberate investigation which is only possible at the bedside, to the entire neglect of out-patient work, will spend many years in private practice before he acquires that dexterity and skill in the rapid observation and treatment of disease which will be of such momentous importance in his after life. In concluding this part of my subject, I would exhort you to devote as much time as ever you can to clinical work in the wards, and to cogitation thereon, for no one can ever truly know his profession who does not; but if you would be practical useful members of the profession you have adopted, if you would be familiarly acquainted with the varied physiognomy of disease in all its forms, if you desire to attain the greatest amount of success from your efforts to cure disease, alleviate pain, and stay the hand of death, then do not neglect the opportunities of study afforded you here in the out-patient department.

THE GEOGRAPHICAL DISTRIBUTION OF CANCEROUS DISEASE IN THE BRITISH ISLES.

BY ALFRED HAVILAND, M.R.C.S.,
LATE LECTURER AT ST THOMAS'S HOSPITAL MEDICAL SCHOOL, ETC.

(*Continued from page 367.*)

The Thames Basin and Cancer.—I will now describe the Thames basin and the Devonshire districts in relation to the prevalence of cancer, as they afford good illustrations of what obtains throughout England and Wales as regards the distribution of this disease; and having compared the death-rates for the two decennial periods 1851-60 and 1861-70, I can now safely say that the later rates have entirely borne out my former experience, and at the same time have thrown much additional light upon many of the subjects that twenty years ago were in their infancy.

Although I have always held, and still hold, that the conditions for high mortality from cancer among females, at least, are to be found in the *riparial* districts of many of our English rivers subject to seasonal inundations, yet I have always expressed myself guardedly, and said that the conditions and the excessive disease were coincident, and not necessarily in the relation of cause and effect. I now give a few facts on this subject, which may show how the matter stands for the twenty years 1851-70, instead of, as formerly, for the ten years only 1851-60. As I have stated above, the facts for 1871-80 have not yet been published. I have arranged all the sixty-five districts in the basin of the Thames according to their position:—(1) *Riparial*, or those immediately bordering the river; (2) *supra-riparial*, or those just above the *riparial* and below the third class; (3) *the water-parting districts* in which the Thames and its tributaries take their rise; and I find the following to be the degrees of mortality for each:—

		Annual death rates to every 10,000 living. 1851-70.
1. *Riparial.*		
(*a*) Entire *left* riparial districts.	Males ...	2·63
" " " "	Females ...	6·12
(*b*) Entire *right* riparial districts.	Males ...	2·45
" " " "	Females ...	6·71
2. Entire *supra-riparial* districts.	Males	2·41
" " "	Females	5·21
3. Entire *water-parting* districts.	Males	2·05
" " "	Females	4·57

From this it will be seen how the death-rate from cancer among females increases as we descend to the banks of the Thames, and also how little the death-rate among males is affected. The chief exceptions to this high mortality of the riparial districts along the Thames are those where the *chalk* crops out—viz., Orsett (males, 1·77; females, 3·89) on the left, and Dartford (males, 2·03; females, 4·42) on the right bank; and at Wycombe (males, 1·61; females, 4·46) and Cookham (males, 1·75; females, 4·82), where similar geological features obtain. Chalk undoubtedly, and all calcareous rocks, including calcareous earths, exercise a more or less remarkably salutary effect in counteracting many of the evils arising from floods. In fact, the carbonate of lime, of which they are composed, cannot fail to have a neutralising effect on the *sourness* of the soil which floods leave behind them. This sourness, we all know, has a marked effect on the herbage that springs up after the subsidence of the waters, which is generally rank and sour, instead of being crisp and sweet. This rankness, associated as it is with sourness derived from acids, the result of putrefactive vegetable decomposition, the farmer well knows, produces amongst his sheep and cattle certain ailments, of which the "scour" is not the least troublesome. The temporary local climates formed by the exposure of large areas of sodden decomposing soil cannot fail to produce effects on the animal system, and these effects will be intensified according to the physical configuration of the valleys in which they occur. If these be open to the full action of the prevailing winds, the drying process will be hastened, and the noxious gaseous emanations blown off from the surface, and thus prevented from accumulating, as they must necessarily do in some of the pent-up river valleys, the axes of which are *athwart* instead of *in the direction* of the prevailing winds. Within the Thames basin we find almost every variety of retentive and non-retentive strata along the banks, differing both in physical as well as in chemical characters; among the former are London clay, plastic clay, gault, Kimmeridge clay, Oxford clay, Fuller's earth, and lias clay. Now, floods on the soils overlying these formations leave behind them very different effects, and all these should be studied in relation to local climate and local disease. Where can there be a greater contrast than what obtains in the neighbourhood of London? Chalk and London clay. Yet in close contiguity do they lie; although diseases when mapped out show their boundary lines. We know that certain plants are only to be found where chalk abounds, and certain others rare, except in calcareous districts. I have made a list of thirty-four chalk plants, the majority of which may be found in low mortality cancer districts—or rather in those localities where these flowers *do* thrive and cancer *cannot*, or at least *does not*. As to the *non-retentive* or *absorbent* rocks through which the Thames cuts its way from Trewsbury Mead to its mouth, they are as follows—inferior oolite, great oolite, forest marble, calcareous grit, coralline oolite, lower green sand, and chalk. It must, however, be remarked that these formations characterise the high *water-parting* or low mortality districts; whereas the *clays* are found forming the bed of the fully formed and seasonally flooded river. When the absorbent rocks, however, underlie sufficiently near the surface of these clays, they exert their beneficial influence in neutralising sourness and in effecting drainage; but should they be deeply seated and the retentive clays of great thickness, like the London clay, then all the flood evils are intensified, and the effect is immediately seen in the high death-rates from cancer among men and women.

It may be well here to insert the remarks made by Mr. H. T. Butlin in his report already referred to, and which will be again quoted, on the character of the soil on which the dwellings stood of the 153 cases of cancer of the breast only, out of the 210 returns received. This he gives in a tabular form:—

Clay	60	Rock	4
Gravel	29	Alluvium	3
Sand	23	Slate or shale	2
Chalk	13	Mixed (1 gravel and clay)	2
Loam	5	"Damp"	2
Red sandstone	5	Peat	1
Oolite	4		
	Total 153		

On these data Mr. Butlin makes the following observations: "The 29 gravel are furnished largely by London—16 from London, only 13 from the other parts of the country: a marvellous difference when the fact is taken into account that the large proportion of the total returns are furnished from different parts of the country. The clay gives by far the largest figures, and it may be still further increased by adding to it some, if not all, of the loam, the alluvial, the mixed, and the damp, so that it probably furnishes at least 70 out of the total of 153. The largest difference in the nature of the ground is undoubtedly that between the various soft soils on the one hand, and the rock soils on the other. Comparing the 'rocks' with the other soils, there are only four returns of them; and if to the 'rocks' are added the slates, the red sandstones, the oolite, and even chalk, the total number is only 28, compared with 125 of the clays, gravels, sands, &c. This experience agrees with that of Mr. Haviland, who finds the lowest rates of mortality from cancer in those parts of England and Wales which are composed of the hardest and most elevated rocks, or the most absorbent (like oolite and chalk); and the highest rates in the *sheltered* and low-lying grounds which are composed of crag, alluvium, and clay" (p. 440).

Before leaving the London basin I should refer to some suggestions made in the Cancer Report of the present Registrar-General. "The London mortality is raised to a very considerable though uncertain degree by patients coming up from all parts of the country to become inmates of cancer hospitals or to put themselves into the hands of London surgeons." Had the writer taken the trouble to have consulted Dr. Farr's statistics, both published and unpublished, he would have found a much higher death-rate from cancer close outside London, in Richmond, and, again, in Kingston and Windsor; in these districts there are no cancer hospitals and no surgeons that have patients flocking to them from all parts of the country; but they are the riparial districts of a fully formed and seasonally flooded river. Again, with regard to Devonshire, the same kind of false reasoning was used in the same report: "And not improbably a somewhat similar explanation may account for the high mortality in Devonshire as being a health resort of sick persons." Now, if we take the death-rates at all ages among females in the districts of this county, we shall find that the "health-resort" districts have by no means the highest death-rates from this cause, and therefore can hardly be accountable for any supposed excess in Devonshire. The following table shows the female death-rate from cancer during the twenty years 1851-1870 at all ages:—

1. The five districts containing the sources and upper courses of the rivers—viz., Tavistock, Okehampton, Torrington, Bideford, Holsworthy	4·45
2. The four districts containing the middle courses of the rivers	5·06
3. The seven health-resort districts—viz., Bideford (Clovelly), 4·20; Honiton (Sidmouth), 4·33; Axminster (Lyme Regis), 5·08; Newton Abbott (Dawlish, Teignmouth, Torquay), 5·15; Totnes (Dartmouth), 5·57; St. Thomas (Exmouth), 5·68; and Barnstaple (Lynton and Ilfracombe), 5·65	5·09
4. The seven estuarial or flooded districts without large hospitals	5·39
5. The four estuarial or flooded districts with large hospitals	6·33

Again, on reference to the table of death-rates at all ages and at different age-periods, it will be found that cancerous disease increases rapidly in both sexes after thirty-five years of age have been attained. Eliminating all the younger part of the populations in these districts, I proceed to test the above figures at "all ages," adding, however, the male death-rates:—

Table showing the Annual Death-rates from Cancer in England and Wales, and in Devonshire, of Males and Females above the age of 35 years, for the two decennial periods 1851–1860, and 1861–1870, to every 10,000 Males and Females living.

		Males.		Females.	
		1851–60.	1861–70.	1851–60.	1861–70.
England and Wales		5·87	7·52	12·98	15·64
Devon. Districts. 1. Sources &c.		6·44	7·30	11·03	14·71
	Difference	+0·57	−0·22	−1·95	−0·93
2. Middle course		7·07	8·21	11·95	15·79
	Difference	+1·20	+0·69	−1·03	+0·15
3. Health resorts		5·72	8·65	12·62	15·86
	Difference	−0·15	+1·13	−0·36	+0·22
4. Estuarial only		5·91	9·03	13·38	15·90
	Difference	+0·04	+1·51	+0·40	+0·26
5. Estuarial with hospitals		8·98	11·35	17·61	18·25
	Difference	+3·11	+3·83	+4·63	+2·61

These tables clearly show that the health resorts of Devonshire have had nothing to do with the alleged "high mortality" from cancer in this county, for in the first table the districts containing them demonstrate that amongst females at "all ages" this group had the third lowest death-rate for the twenty years 1851–70 (5·09) of the groups of districts, and, which was only 0·30 in excess of the mean of England and Wales during that period (4·79); and in the second table showing the death-rates above thirty-five years of age, it will be seen that these health-resort districts had in 1851–1860 among males the lowest death-rate of all (5·72, or 0·15 below the average), although this group ranked the third lowest in the next decennium (8·65, or 1·13 above the average); whilst among females it ranked, as in the "all ages" table, the third lowest (12·62, or 0·36 less than the average), and in 1861–70 it still kept its place with a death-rate equal to 15·86, or only 0·22 in excess of that for England and Wales. These figures speak for themselves, and show the fallacy of the statement that the Devon health resorts dominate the county death-rate from cancer. From what I know of the Devonshire and the west country hospitals from personal observation, I can safely say that their cases are not drawn from "the sick persons" who visit "health resorts from all parts," but rather from the population of the county in which they are situated.

At a general meeting of the International Medical Congress held in Copenhagen, it was resolved to appoint a committee to carry on in an international manner the system of collective investigation initiated in England by the British Medical Association, the first object being to lay down as accurately as possible the outlines of the geographical distribution of cancer and some other diseases, with a view to deduce the relation, if any, which these affections bear to peculiarities of soil, climate, dietary, and local habits. In an address on the "Investigation of the Causes of Cancer," by Mr. Henry T. Butlin, F.R.C.S., assistant surgeon to St. Bartholomew's Hospital, &c., allusion was made to my work on Cancer Distribution in England, which formed the basis of the proposed inquiry. Mr. Butlin remarked:[1] "It has been pointed out, in the statement by which the cancer cards are accompanied, that Mr. Haviland, who has paid great attention to the geographical distribution of disease, considers that the high and dry localities are unfavourable to the occurrence of cancer, and that the disease flourishes particularly in those parts of the country which are low and flat, are covered by alluvium, and are watered by many streams, which frequently overflow their banks and flood the surrounding country. Mr. Haviland's statements and statistics have attracted hitherto comparatively little attention, doubtless owing to the circumstance that they have not been brought very prominently before the profession. The intention of the Investigation Committee is that they shall be much more widely known; and it is hoped that the committee may be able, with the co-operation of medical men in all parts of the country, to extend his observations and to confirm or correct them in accordance with the facts which it collects." The inquiry concerning cancer (of the breast only), the first surgical inquiry of the Collective Investigation Committee, was issued in January, 1885, and was closed in December, 1886. In the course of these two years it produced 210 returns from 111 observers, in addition to a large number of letters relating to the subject of the inquiry. The highly interesting and able report drawn up from these data by Mr. Henry T. Butlin, F.R.C.S., was published in the

[1] Brit. Med. Journal, 1885, vol. ii., p. 53.

British Medical Journal of Feb. 26th, 1887. It is a report full of interest, and cannot fail to advance our knowledge of the difficult subject with which it deals, for it is full of interesting facts and suggestive observations set before the reader in clear and logical language. I will append a few of the observations made by Mr. Butlin on that part of the report which is devoted to the question of *locality*. With regard to the facts relating to the character of the soil, I shall give them later on.

"It is curious," observes Mr. Butlin, "that in Mr. Haviland's map Wisbech and the surrounding district are coloured in such a manner as to indicate that the mortality from cancer is below, although not much below, the average"; Mr. Copley, of Wisbech, Cambs, and Mr. Nicoll, his predecessor, having remarked "that cancer was very prevalent in those fen districts." In 1860-1870 Wisbech and its neighbour, Holbeach, both coloured lightest red in the 1851-1860 map had, however, a higher mortality from this cause among females in 1861-1870 at all ages—viz., Wisbech 6·11, and Holbeach 5·41; that for England and Wales being 5·23; and Downham, the next district to Wisbech, had a death-rate in 1851-1860 of 6·70, and in 1861-1870 one of 6·98, so that these districts in the map of 1861-1870 would all be coloured blue and dark blue, and also in a map showing the average for twenty years—1851-1870.

Cheltenham in 1851-1860 had a high mortality among females, and is coloured light blue on my map; in 1861-70 its death-rate from cancer among females had increased to 6·07 from 4·80 in the previous decennium. Dr. Ferguson says: "We have two classes of soil here, low-lying and alluvial, and high (1000 feet) and oolitic. Just as many cases from *the one as the other*." How this can be I do not understand. Cheltenham, which dominates the death-rate in this district, which had a mean population in 1861-1870 of 21,814 males and 29,665 females, lies in a low-lying, flat valley, consisting of the lower lias clay and limestone, and at some distance to the east are the Gloucestershire oolite hills, with only a sparse population. I can hardly understand how, out of the 226 cases of cancer recorded for the ten years 1861-1870, half should be derived from the sheep-tending population of the oolitic wolds. It may be remarked, however, that during this last period the death-rate among males was a little below the average of England and Wales, being as 2·10 to 2·44, although in excess of the decennium 1851-1860, when it was 1·20.

St. German, an estuarial district on the right bank of the Tamar, had a high mortality in 1851-1860 among females, and was coloured the second degree blue—6·20; males, 2·20. In the decennial period 1861-70, among the mean male population of 8518 the death-rate was 3·16, and among that of the female of 9297, equal to 7·52; so that this district retains its position for high mortality. Mr. Gill, moreover, tells us that "we have four villages on the tops of the hills, where cancer is rare." He also speaks of "six villages very little above the level of the sea, two on the sea coast, in which cancer is very rare." As a rule, I have found that when the sea breezes have full force the mortality from cancer is reduced even at low levels, whereas when the rivers are at right angles to the prevailing winds at their estuaries as the Tamar is, then it is increased.

Mr. Jackman writes: "Chepstow I believe to be singularly free from cancer." In my map this district is coloured to show a degree only just below the average. During 1861-70, amongst its mean male population of 9111 there was a death-rate of 2·74, or an excess of 0·30; whilst among the female population of 9029 the death-rate was only 4·54, or 0·75 in excess of that of the previous ten years (3·70), and 0·69 of that of the general rate for the period 1861-70. Chepstow is one of the many districts that should be thoroughly investigated. The river valley of the Wye, as it traverses the district from north to south, has a direction athwart the prevailing winds.

Mr. G. Owen Mead describes Newmarket as dry, and situated on chalk, which in places is overlaid with gravel, and adds that cases of cancer are extremely rare comparatively. The fens are three miles off. In my map the district is coloured so as to indicate a mortality below the average—viz., 3·90 among females. During 1861-70 the death-rates were—males, 4·59; females, 6·06. It may be remembered that in the first decenniad the male and female rates were nearly equal—an unusual fact in England: males, 3·20; females, 3·90. The district lies between the Cam and the Lark rivers, and the disturbance in the death-rates is worth inquiry.

Dr. Bowen Davies speaks of the rarity of cancer of the breast in Radnorshire, and describes the elevated plateau of Llandridod, Wales, where for fourteen years he has not had a single case, although he is physician to the county hospital. In 1851-1860 and in 1861-1870 the three districts of this county had the following cancer death-rates respectively: Presteigne, 4·60 and 4·13; Knighton, 3·00 and 3·06; and Rhayader, 4·50 and 4·81; so that this elevated county of silurian and limestone rocks preserves its low mortality from this cause among females.

Mr. W. H. Ellis of Shipley, a sub-district of Bradford, Yorkshire, in the valley of the Aire river, speaks of a rather large number of cases of cancer of the breast of late in this valley, and the popular belief in the contagiousness of this disease. In 1851-1860 Bradford had the second degree of low mortality, and formed one of a very large group of low mortality districts in the West Riding. In this important and populous district during 1861-1870 the death-rate among females was still low compared with that of the county generally—viz., 4·78 to 5·23, or 0·45 below the average.

Mr. Sydney Hayman of Abingdon states that a village at the foot of the Berkshire downs, on clay, having two or three brooks liable to flood, has furnished a neighbour with many cases of cancer. I may here mention that all the Berkshire riparial districts, except Abingdon, through which the Thames flows, have high death-rates from cancer among women; Wallingford, Bradfield, and Reading having had a mean death-rate of 6·42 during the twenty years 1850-1870, or 1·64 above the general average for the same period. Abingdon, Mr. Hayman tells us, lies chiefly on gravel. The whole of this district requires investigation, and the deaths in the villages and towns watered by the Thames separated from those on the elevated downs.

Mr. Butlin remarks, at the conclusion of his cases, which I have thought right to discuss: "Our returns may be said to have supplemented Mr. Haviland's more general observations." Again: "Before taking leave of this subject I would venture to point out certain difficulties in the complete acceptance of Mr. Haviland's 'Geographical Distribution of Cancer.'.....Comparing the map with the text, I cannot but be struck with the infrequency of cancer in certain well-watered districts—as Ulverston, watered by the river Leven, and the Ipswich portion of Suffolk, watered by the Orwell and Deben. The great frequency of cancer in certain towns in non-cancerous districts—as Cambridge and Sheffield. The occurrence of areas of a low mortality from cancer along the course of rivers which appear to predispose to cancer, This is particularly noticeable in certain parts of Worcester and Devon. The immense difference which appears to exist in the mortality from cancer on the two banks of certain rivers; for example, the Norfolk Bure and the Yorkshire Ouse." Mr. Butlin, however, very judiciously adds to his fair and straightforward criticism: "Perhaps a further inquiry on the localities in which cancer flourishes, or which are not favourable to its occurrence, may throw light on these exceptions to the general rules laid down by Haviland." The Ulverston and most of the other difficulties have already been discussed; but further inquiry on the localities named is exactly what is wanted, and it is the mission of the medical geographer to point out where such inquiries should be made. Had we had another ten years' returns—those for 1871-1880—much would have been gained that has now been lost for a while.

(To be concluded.)

AVULSION OF THREE FINGERS OF THE RIGHT HAND.[1]

BY D. M. MOIR, M.A., M.B.,

FORMERLY RESIDENT MEDICAL OFFICER IN THE CHALMERS HOSPITAL, EDINBURGH.

MRS. M——, aged thirty-eight, dairywoman, was admitted on Aug. 25th, 1886, for severe injury to the fingers of the right hand. The accident occurred thus. Mrs. M——was driving a dairy van, and at the same time was leading a cart-horse. She was holding the reins in her left hand, and round the fingers of her right hand the rope of the led horse was twisted four times. The led horse reared and

[1] Published by the kind permission of Dr. Patrick Heron Watson, surgeon to the Chalmers Hospital

shied so suddenly and with such force that Mrs. M—— was dragged out of the van, alighting on her head.

On admission into the hospital, it was found that the patient had received an abrasion of the scalp, and that three fingers of her right hand were torn off. The articular surface of the proximal phalanx of the index finger was exposed, and projected beyond the integument and soft tissues, which had retracted so as to form a circle with an even edge. The portion of the index finger which was torn off consisted of the two distal phalanges, along with ten inches and a half of the flexor longus digitorum tendon. This tendon, at its proximal end, had a little tuft of muscular fibres attached to it. The two distal phalanges of the middle finger were also avulsed; but the deep flexor tendon, instead of being attached to them, was drawn out from the hand to the extent of four inches. The ring finger was wrenched off on a level with the middle of the second phalanx, exposing a transverse fracture of the bone, and the edges of the soft tissues were ragged. In addition, there was a dorsal dislocation of the fragment of the second phalanx on the proximal phalanx. The latter had received a comminuted fracture at its base, which disorganised the metacarpo-phalangeal joint. To the part of the ring finger which was torn off there was attached a slender portion of the deep flexor tendon three-quarters of an inch long. Also a small piece of the skin and pulp of the little finger, parallel and coextensive with the nail, was nipped out, and there was a slightly oblique fracture through the second phalanx of the little finger, with dorsal displacement. The condition of the handkerchief which enveloped the hand showed that very little blood had been lost, and the injury to the head was slight.

Chloroform having been administered, I amputated the second, third, and fourth digits at the metacarpo-phalangeal joints, and then reduced the fracture of the fifth digit and applied a splint. The arm was supported and fixed in a sling. Carbolic spray was used on this occasion and at the subsequent dressings. The course of the case was favourable. The temperature only on one occasion rose to 99·8° F., owing to the tension of a suture. There was great tenderness in the forearm during the first week, and pain in the shoulder for three weeks. She was discharged on Oct. 1st, 1886. When last seen, in the middle of December, 1886, the cicatrix looked well, and she could use and approximate the thumb and little finger, but she could not raise her arm to the level of the shoulder, probably owing to paralysis of the deltoid muscle from injury to its branch of the circumflex nerve. No atrophy of the muscle, however, was at that time apparent.

Remarks.—1. In each of the three fingers a portion of a single tendon only remained pulled out. The deep flexor tendon of the index finger was uprooted in its whole length, and left attached to the avulsed part of the finger. The deep flexor tendon of the middle finger was pulled out to the extent of four inches, but was hanging from the hand, having snapped through at the first phalangeal joint. A slim filament of the deep flexor tendon of the ring finger was left attached to the avulsed portion, the rest of the tendon being retracted into the hand. 2. The other tendons—e.g., common extensor, extensor indicis, and flexor sublimis—were not left drawn out. All the extensor tendons were retracted, having snapped off short at the proximal joints, which must have been acutely flexed in grasping the rope. 3. The deep flexor tendon of the index finger was torn away at its junction with the muscular belly—its weakest point. Mr. Holmes, in his System of Surgery, writes: "In the living body, muscle offers a greater resistance to a force tending to rend it than either tendon or bone; and when it does give way, it is for the most part at its point of junction with the tendon. ..... With the loss of its vital contractile power, muscle loses its advantage over tendon, and the experiments of Richerand and others fully establish the fact that after death muscle is more easily ruptured than tendon." Billroth[2] mentions and figures a very interesting case in which the middle finger was completely torn off, and attached to it were its extensor and two flexor tendons in their entirety. Professor Erichsen[3] refers to "this peculiar tearing away of the tendon from its attachment to the muscle, and not across the line of laceration of the limb," and gives figures of a "ring finger torn off with deep flexor tendon," and "thumb torn off with tendon attached," both taken from Morand's paper in the Memoirs of the Academy of Surgery of Paris. 4. Whether the fractures of the second phalanges of the ring and little fingers were due to the traction of the rope, to knocking against the side of the cart or on the road, or to a crush under the horse's hoof, it is difficult to say. The dorsal dislocation of the proximal fragment of the ring finger and the comminuted fracture of the first phalanx, combined with no trace of crushing on any part of the skin of the ring finger, seem against the idea of the horse's hoof being the cause, and points rather to a combination of rope traction and a blow against some hard object. 5. In addition to there being slight external hæmorrhage, owing to the torsion of the vessels, there was very little extravasation of blood in the forearm, as evidenced by the slight amount of discolouration, which appeared soon and disappeared rapidly. 6. There was no inflammation along the course of the injured tendons, the case being aseptic. 7. There was pain in the region of the shoulder joint from the first, and this pain lasted for some time. Associated with this was the inability to raise the arm to the level of the shoulder. But why, out of the whole brachial plexus, should the branch of the circumflex nerve to the deltoid be alone implicated? for there was no paralysis of the muscles of the thumb and little finger, and the movements at both the wrist and elbow joints were perfectly free; neither was there any anæsthesia of the skin. 8. The dairy van was moving in one direction forwards, and the led horse behind the van pulled the women in the opposite direction backwards. Thus, a greater amount of force (by the horse) and of resistance (by the woman's tissues) must have been exerted than if she had been sitting in a stationary vehicle. Also the momentum of her fall must have been greatly increased. 9. In the cases published in THE LANCET of Oct. 2nd, 1886, vol. ii., p. 641, and of Oct. 16th, 1886, p. 757, in Billroth's case, and in this case, sudden and violent traction, combined with severe pressure in most of them, have been the causes of the lesions, and a rope is mentioned in all the cases. But the axis of traction has varied (being horizontal, oblique, or vertical) with the active force and circumstances of each case.

[2] Lectures on Surgical Pathology and Therapeutics, vol. i., p. 236 (Sydenham Society.)

[3] Science and Art of Surgery, vol. i., pp. 316, 317.

ON VERY RARE PRESENTATIONS IN MIDWIFERY.

BY W. H. BORHAM, L.R.C.P., M.R.C.S., &c.

AT the time I reported in THE LANCET (last October) my case of "Very Rare Presentation in Midwifery," I was under the impression that it was almost unique in its character. It is remarkable that the three cases, almost similar to mine, narrated in the same journal—viz., one from Mr. Buchanan of Glasgow (Dec. 3rd), one from Dr. Tulloch of Tobago (Dec. 17th), and another from Mr. Devlin of Carlisle (Dec. 24th)—should follow in succession, and that these cases should have occurred so recently, two of them having taken place within the short space of a few weeks after the one I attended. When a student over forty years ago, contesting in a prize examination in midwifery in Lane's School, I well remember that one of the written questions was, "Which is the most rare presentation known of a child's position when the mother is in labour?" At that time the recognised obstetrical authorities on such matters were comparatively limited to a very few. I well digested Denman, Merriman, Ramsbotham, and other lesser stars a few weeks before sitting down to the table. Upon facing the question, I carefully thought over the various presentations I had read of, as well as those our lecturer taught us. After dotting down several rare presentations on the paper, I stated that the most rare, in my opinion, was one "where the *two* hands came down with the head, one hand palmated on each side," and this was the opinion of one or two of the most recognised authorities, of which Samuel Merriman was one. When my case was published last October I thought I had gained a point, but the subsequent narrated cases threw me overboard, and compelled me to retire to my old student-day view, especially as I have never, after an extensive experience in midwifery for fifty years, met a case, or read of one since, where both hands were presenting on each side of the head, as in the case referred to by Dr. S. Merriman. The fact of four recorded cases of these unusual presentations, I have stated, having been published in THE LANCET within six weeks,

from various quarters, shows the value of the hebdomadal medical press, of which the late Coroner Wakley was the founder and pioneer. In my apprenticeship days, fifty years ago, with an apothecary for seven years, under the old *régime*, I remember reading some early numbers of THE LANCET. If I recollect rightly, there were only about sixteen small pages issued with each number. I remember the great obstacles that were thrown in the founder's way to the publication of hospital reports, &c., and the jealousy caused by the criticisms of the treatment adopted by the hospital staffs, &c.; but the indomitable spirit and perseverance of Mr. Wakley for the well-being of the profession at length conquered every obstacle, and THE LANCET, instead of being issued at sixteen pages, now numbers from ninety-six to one hundred and forty-four. The successors of the *obstructive* medical hospital staffs are now only too pleased to get a niche in THE LANCET, and either themselves report their own cases, or delegate it to their assistants. This is the medical spirit of the age. *Tempora mutantur!* Annuals and books of reference on all medical subjects are now freely culled from the pages of THE LANCET, and not only the student, but every medical practitioner, as well as the public, are under a deep debt of gratitude to the late Coroner Wakley and his successors.

It is not always safe for an accoucheur to allow his time or even the excuse of mitigating the sufferings of the pains of women in labour to dictate to Nature her rights. The gradually preparing of the soft parts for the full expulsion of the normal grown fœtus is a physiological fact. I have seen more injury and mischief done to women by early instrumental interference in a few years in the present day, than scores of years of non-meddlesome practice in labour in past times. In a natural labour it is wrong to hasten it by instrumental interference. A young practitioner ambling about with a midwifery bag may look very telling and imposing to the public in his neighbourhood, but in my humble opinion the best instruments he could use is the well-directed and tutored hand; and I have found by long experience, the less the bag is opened the better it is both for the patient and practitioner. The late kind and gentle Arthur Farre was my examiner in midwifery at the College of Surgeons in 1852, and the examination referred to the mechanism of turning in labour, and the cases requiring such help. Amongst others, I mentioned funis presentations. Where it was found impracticable to return the pulsating funis with the fingers, I stated I should turn the child to a footling case and deliver. To preserve the child's life there is not much difference whether you deliver with the forceps or turn, the pressure on the cord being equally great either way. Deliver that way which will appear the speediest and with the least chance of injury to the mother. Of funis presentations with cord and head alone I have had scores. Whenever I have been in time at the labour to diagnose this presentation (before the pulsation in the funis has ceased, or before the liquor amnii has been expelled), I have adopted a mode of treatment which I have never known resorted to by others. It is that of introducing the hand into the uterus and *rotating* (not turning) the child in utero. By this means the cord is wound round the child's body and is gradually drawn from the os. The presenting part of the funis then gets wound up beyond the boundary of any projecting part that might produce pressure on it. One or two rotations of the child, according to the length of the cord, will suffice, and then the labour (the child's head being in the same position it was before rotating *sine* funis) is left to its natural mechanism. By this means I have been very successful in saving children. If now asked the same question in funis prævia by any examiner, my practical experience teaches me "to rotate the child in utero," as I have stated above, and give Nature her chance.

In my long experience in midwifery, for the last forty years, I have never given a drop of ergot during labour. About the year 1847, when assisting a gentleman in the Forest of Dean, I was at a labour where the child's head was closely impacted at the outlet of the pelvis. The labour was of considerable duration, and I sent for my principal. He administered a stiff dose of ergot. The pains in half an hour became so violent as to cause rupture of the uterus with a bang, and death ensued in twenty minutes. I have never given ergot since. This case I published in THE LANCET about that time. I have never used chloroform or any other anesis during a long and successful career in midwifery practice.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF ACUTE TETANUS.

By FRANK STURGES, L.R.C.P. LOND.

MR. ANDERSON'S most interesting article on a case of acute tetanus, with his *résumé* of recent pathological work in connexion with the subject, published in THE LANCET of Feb. 4th, has called to my mind a somewhat similar case occurring in my own practice.

Maria A——, widow, aged sixty-four, while walking in her slippers in the yard of a farmhouse where she lodged, trod on a dirty nail fastened in a piece of wood lying on the ground. The nail penetrated the sole of the foot on the outer side of the ball of the great toe. She complained for a few days that her foot hurt her, and applied several poultices. I was summoned urgently to see her in the early morning of Nov. 3rd, 1887, nearly a week after the injury. I found her in a somewhat excited condition, when she told me she had lockjaw and was going to die. On questioning her I obtained the above history. She complained of stiff neck and inability to open her mouth. There was contraction of the masseters and the muscles at the back of the neck; also "risus sardonicus." The tongue and breath were very foul, pulse full and quick, and temperature then and throughout her brief illness above 100° F. There was a slight mark on the foot where the nail had entered, but around it was a zone of redness two inches in diameter. Pressure seemed to give no pain. She had spasms at varying intervals throughout that day and night, gradually increasing in severity, and the following morning they had become intense. It was from the exhaustion consequent on one of these that she died, about thirty-two hours from the commencement of the symptoms. I observed in her case, as in that reported by Mr. Anderson, a seemingly complete absence of spasm in the lower extremities. My treatment consisted of a calomel purge and bromide of potassium and chloral. The latter seemed to give some relief, and even procured a few hours' sleep in the night.

I have nothing to add. Unfortunately in general practice one gets few opportunities of post-mortem examination, and probably not many are competent to undertake difficult microscopical observation or extensive experimental research. I would merely suggest that, as the farmyard where the wood and nail were lying is the habitation of pigs, poultry, and cows, the surface earth can hardly be antiseptic, and it might be a suitable dwelling-place for the bacillus of Nicolaier. Perhaps someone would like to search for the minute murderer.

CASE OF EXTRA-UTERINE GESTATION.

By A. G. POCOCK, L.R.C.P., M.R.C.S.

MRS. O——, age thirty-one, with three children, the youngest fourteen months old, had been suckling up to the time of the present attack, and had not been "unwell" since the birth of the last child. She complained of pain in the abdomen about a month previously to being seen, and had latterly been failing in health, partly owing to her husband having been out of work for nine weeks. She was noticed by the neighbours to have been recently increasing in size. On Sept. 19th, when at a meeting, she complained of severe abdominal pain, and fainted, but, reviving, walked home with assistance, a distance of two or three hundred yards. Shortly afterwards she was seen by a medical man, who pronounced the case hopeless. When I saw her on Sept. 20th she was perfectly pallid and pulseless, lying on one side, complaining of severe pain in the abdomen, and refusing to be moved. Surmising the nature of the case, I decided that nothing could be done. She died about 2 P.M.

At the necropsy the condition of the body was that of a well-nourished woman. Rigor mortis well marked. Extreme pallor of surface. Abdomen not distended. On opening the abdomen, a blood clot was seen stretching upwards from the pelvis towards the umbilicus in front of the

great omentum, in which the fœtus was embedded, enclosed in its amniotic sac, which had escaped from the ruptured sac formed at or near the fimbriated extremity of the right Fallopian tube, where the placenta was placed. The fœtus was about three months. There was some difficulty in passing a wire along the tube itself. There was a well-marked corpus luteum in the right ovary. The pelvic cavity was full of fluid blood.

A NEW METHOD OF TESTING THE REFRACTION OF THE EYE.

By A. LEGGE ROE, L.K.Q.C.P., L.R.C.S. IREL.;
RESIDENT SURGEON, HULL AND SCULCOATES DISPENSARY; FORMERLY DEMONSTRATOR OF SURGICAL AND DESCRIPTIVE ANATOMY, ROYAL COLLEGE OF SURGEONS, IRELAND.

THE following will be found to be a simple, easily applied, and very accurate method of testing for errors of refraction:—

A trial frame is applied in the usual way, one eye excluded with a diaphragm, and the patient instructed to look steadily at a distant object. A blackened disc, perforated in the centre with a hole two millimetres in diameter, is rapidly passed across the eye to be tested in a horizontal direction by the surgeon. The patient is questioned as to the direction taken by the object: if the motion is in the same direction as that of the disc, myopia is present; if in the opposite direction, hypermetropia; if there is no apparent motion, emmetropia. The vertical meridian is then tested in the same way. If the motion is in opposite directions in the vertical and horizontal meridians, mixed astigmatism is at once diagnosed. An error of refraction having been detected, suitable lenses are gradually added and the disc used as before until there is no apparent motion of the object. The defect will then be corrected. There is a tendency to over-estimate myopia about ·5 D, and to under-estimate hypermetropia ·75 D. A good test object is a small picture-frame, using the vertical sides for testing the horizontal meridian, and *vice versâ*. The explanation of the above phenomena will be found in Scheiner's test, of which this is apparently a modification applied to refraction.

CURIOUS COMPLICATION OF PARTURITION.

By LAUNCELOT ARCHER, M.R.C.S.

ON the morning of Feb. 3rd. I was called to Mrs. S——, aged thirty, multipara. She stated that she had been in labour six hours. The os was fully dilated, the face presenting; the pains were frequent and strong, but quite ineffectual in bringing the head down. I tried to alter the position of the head, but failed. After waiting for two hours, the case being in the same condition, I attempted to deliver with forceps, but though they were easily got in position, as soon as I attempted slight traction I found that the blades were slipping. After making several attempts and failing, I determined to turn, and with some difficulty this was accomplished and the child delivered. On examining the child, I found that both parietal bones were absent, there being a large soft swelling on the vertex; the occipital bone, was divided, the parts being separated by about an inch; the posterior arches of the whole of the cervical vertebræ were missing, and there was an opening in the skin and soft structures four inches in length and from an inch to an inch and a half in width, the base of the brain and spinal cord being only covered by thin membrane (dura mater); the whole cavity was distended with clear fluid, and the brain and cord could be seen quite distinctly. The right hand was also missing, but the carpal bones appeared to be present. The child was well nourished, and apparently of full time; it lived only a few minutes after birth. The mother has up to now recovered without a bad symptom. She tells me that her first child was delivered by forceps, still-born; her second, a breach presentation, also still-born.

Query: How would one be able to diagnose a condition like this before birth, so as to avoid the attempt to deliver by forceps?

THE Duchess of Albany has consented to distribute the prizes to the Volunteer Medical Staff Corps at the Guildhall, on Saturday, March 17th, at 5 P.M.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

PUNCTURED WOUND OF THE CHEST, PERFORATING DIAPHRAGM AND STOMACH; EXTRAVASATION OF FOOD FROM STOMACH INTO PERITONEAL CAVITY AND LEFT PLEURA; OPERATION; DEATH; NECROPSY.

(Under the care of Mr. GEORGE LAWSON.)

THE injury in this case involved the pleura, diaphragm, stomach, and peritoneum. The immediate cause of death was the wound of the diaphragm. In the report of the case it is stated "the patient became gradually more and more cyanosed, and he eventually died apparently from slow asphyxiation." Another interesting point in this case was the mental condition of the patient, apparently induced by drink. On the morning after the operation the patient assured the house surgeon that he could not tell why he had attempted suicide. He had no reason for despondency, but having dined, and being under the influence of drink, he became melancholic, and deliberately went into a shop and bought a knife, with which he stabbed himself. For the notes of the case we are indebted to the house surgeon, Mr. Rattray.

D. B——, aged eighteen, was brought to the hospital in charge of a constable on November 14th, 1887, at 7.30 P.M., who stated that he had stabbed himself on the steps of the Oxford Music Hall, and was admitted into Pepys ward, under the care of Mr. Lawson. On removing his body clothes, a clean-cut punctured wound was found in the fifth intercostal space in a line with the nipple, about half an inch in length, crossing the space somewhat obliquely. The patient had lost a considerable amount of blood, the shirt and under-shirt being saturated in front. Lying on the surface of the chest and abdomen, and adhering to the inner surface of the under-shirt, was a quantity of brown sour-smelling material, evidently stomach contents that had escaped from the wound. A little blood continued to ooze from the puncture, and a few small air bubbles were expelled with each expiration. The lad was considerably collapsed, pale and cold, especially in the extremities. Temperature in axilla, 98° F. He complained of great pain in the chest and abdomen; was very restless, and tossed his arms and rolled his body about continuously. Pulse small, frequent, and compressible. Four minims of a solution of morphia were given hypodermically (1 in 12) soon after admission.

About 9 P.M. the patient was removed to the operating theatre and anæsthetised. An incision was made through the abdominal wall over the situation of the left lines semilunaris, extending from the costal margin downwards for a distance of six inches. All hæmorrhage was arrested, and on introducing the finger into the peritoneal cavity a wound could be felt at the cardiac end of the anterior wall of the stomach. Gentle traction brought the wounded part of the stomach readily into the opening in the abdominal wall. The wound was about three-quarters of an inch long, sharply cut, and ran nearly in the long axis of the viscus. The stomach was found distended with food, and this was first completely cleared out by copious irrigation with tepid water, care being taken to prevent the washings from entering the peritoneal cavity. The wound in the stomach was then sutured with fine silk sutures. Lembert's method was employed, the sutures including the peritoneal and muscular coats on each side, so that when the lips of the wound were brought together, peritoneum was apposed to peritoneum. A few intermediate sutures were also inserted. On palpation an aperture was detected in the diaphragm, and a probe passed readily through this and out at the punctured wound in the chest wall. The left pleural cavity was then thoroughly washed out with tepid water and a considerable quantity of blood removed; the peritoneal cavity was similarly treated. The abdominal wound was sutured and a large drainage tube (half-inch bore) introduced into the pleural cavity through

the slightly enlarged punctured wound. The wounds were dusted with iodoform, and the chest enveloped in sal alembroth wool, secured by a flannel binder.

The patient was removed to Pepys ward at 10.30. An enema of two ounces of beef-tea and one ounce of brandy was administered, and repeated with half an ounce of brandy every hour. — Midnight: Dressings and binder soaked through; removed, and fresh dressing applied. A considerable amount of stomach contents (food *débris*) had been ejected on to the dressings through the tube in the chest wound.—4.30 A.M.: Patient very cold, pale, extremely restless, and complaining of great pain in abdomen; very frequent and painful hiccough; dressings soaked through, and again changed. Respirations 30; pulse small and frequent.—9.30 A.M.: Patient still very restless; pulse small and almost inappreciable at the wrist; lips and nails bluish; complains much of thirst; mouth has been kept moist with cold water.

The patient gradually became more and more cyanosed, the pulse became extremely weak and quite inappreciable at the wrist, and he eventually died at 11.15 A.M., apparently from slow asphyxiation.

Necropsy, twenty-seven hours after death. — Rigidity present and extremely well marked, the thigh muscles especially standing out, so that one could make out their shape and direction. There was considerable greenish discolouration of the abdominal wall. An inch and a half vertically below the left nipple was a gaping incised wound, running in a horizontal direction; it was an inch and a quarter in length. An incision six inches in length had been made in the left hypochondriac and umbilical regions. The upper end of this cut was three inches to the left, and two inches and a half above the level of the tip of the xiphoid cartilage. The lower end extended one inch below the level of the umbilicus. It was closed by six deep and five intermediate superficial sutures. On dividing these, the edges of the wound were ununited, and gaped freely. The abdomen being opened, the left leaf of the diaphragm was felt to hang in a flaccid condition, contrasting with the normal arch on the right side. The puncture through the chest wall, traced inwards, was found to penetrate the lower end of the anterior border of the left upper pulmonary lobe, then through the dome of the diaphragm near the junction of the muscular and the tendinous portions, and entered the stomach on the anterior surface near the greater curvature, four inches from the œsophageal opening. Portions of masticated undigested food and acid fluid gastric contents were found in both the pleural and peritoneal cavities, there being eight ounces of fluid in the left pleura and four ounces in the peritoneum. A small calcareous gland was found in the mesentery near the ileo-cæcal valve. The wound in the stomach was found to be an inch and a half long. It had been closed by thirteen fine silk sutures; there was no leak through it, and no peritonitis round its serous aspect. There was no injury to the opposite wall. The contents were some "coffee-ground" material, evidently altered blood, and about four ounces in quantity. From the interior it could be seen that the serous surfaces had been brought into contact along the whole length of the incision. The mucous membrane was congested around the edges of the wound, but was elsewhere normal. The right and left kidney each weighed four ounces and a quarter. The capsules stripped readily, leaving a smooth surface; there was a minute simple cyst in the cortex of each. The adrenals, ureters, bladder, and prostate were normal. Weight of heart nine ounces. Pericardium normal. The right cardiac cavities contained a small quantity of mixed clot; the left were empty. Muscular tissue and valves normal. Lungs: There were no pleural adhesions. The left lung was collapsed and engorged throughout, this condition being most marked near the wound above mentioned. The right lung was congested at the bases of the lobes posteriorly, but was otherwise normal. The spleen, liver, larynx, trachea, and œsophagus were normal. Brain not examined.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.

PENETRATING GUNSHOT WOUND OF THORAX AND ABDOMEN; DEATH; NECROPSY; REMARKS.

(Under the care of Mr. NANKIVELL.)

THE following notes are by Dr. R. T. Bowden, assistant resident surgeon.

J. S——, aged fourteen, a healthy-looking boy, was accidentally shot in the chest on Feb. 2nd. When admitted into the hospital, about an hour afterwards, a lacerated wound was found over the fifth rib on the right side, a little internal to the nipple line. Air passed freely into and out of the wound during respiration. Considerable hæmorrhage occurred, but no frothy blood was seen; hæmoptysis was entirely absent, but it was said that the patient spat up a little blood immediately after the accident. The face was slightly dusky; breathing laboured, irregular, and entirely abdominal; pulse fairly good; chest hyper-resonant on right side, and presenting no signs of hæmothorax. There was very little collapse. Several shot were extracted from the wound, which was then dressed with eucalyptus oil and iodoform. Temperature in the evening 100°.

Feb. 3rd.—Passed a good night; very sick this morning. In the afternoon he became delirious, and four ounces of wine were ordered. Temperature at night 104.4°.

4th.—Quite conscious to-day; wound healthy; both sides slightly hyper-resonant in front, but dulness was detected behind at the right base. Temperature 100°.

5th.—Doing well this morning, but in the evening he became collapsed. Has brought up no blood since admission, but has vomited every day. Temperature 102°.

6th.—Pulse very feeble this morning, and lips a little blue; complains of pain in chest, but patient's condition prevents a thorough examination being made. Death occurred at 1.20 P.M.

Necropsy.—On opening the thorax the fifth rib was found shattered; both pleuræ, as well as the pericardium, were distended with clear serous fluid; the right lung was collapsed, and a lacerated wound large enough to admit the little finger passed through its lower lobe; there was complete consolidation extending for about an inch round the wound, but with this exception the organ seemed quite healthy; left lung collapsed, but otherwise normal; no wound of left pleura or pericardium could be detected. After leaving the lung the charge had passed through the diaphragm and entered the liver, where a considerable number of shot remained, but others had made their exit near the transverse fissure. About twenty shot were found free in the peritoneal cavity. There was a little lymph on both surfaces of the liver around the wound, but no sign of general peritonitis existed. No injury could be detected in the other abdominal organs, but there was considerable emphysema of the cellular tissue.

Remarks by Dr. BOWDEN.—Gunshot wounds of the thorax are not common in civil practice, so I have thought the above case worth recording. The entire absence of hæmoptysis and of frothy blood escaping from the wound show that we cannot always depend on getting these signs when the lung tissue has been injured; so their absence must not be taken as proof that a wound of the chest from which air escapes has merely opened the pleural cavity—a fact which military surgeons have often pointed out before. During the four days the patient lived after the accident, there was no symptom of peritonitis, with the exception of vomiting, nor, indeed, was there anything to show that the abdominal viscera had been wounded. The symptoms due to the thoracic wound were more urgent than those due to the abdominal, which is just the reverse of what has usually been observed on the battle-field. The fact that no sign of peritonitis existed, although there was a lacerated wound passing freely into the peritoneum, while a considerable number of shot were lying loose in its cavity, seems to show that prevalent ideas respecting the peritoneum require some modification.

BOOTLE BOROUGH HOSPITAL.

FRACTURE OF THE LARYNX; EMPHYSEMA OF THE NECK; LARYNGOTOMY; DEATH.

THAT a fracture of the cartilages of the larynx should be produced at football by a blow, we presume accidentally inflicted by an opponent, indicates a degree of roughness in the play which is most culpable. It requires a severe injury to produce a fracture of the larynx, and there must have been much violence used in this case. We have had cause on many occasions, too numerous to mention, to draw attention to fatal accidents resulting from careless and quite unnecessary roughness on the part of players, and it should lie in the power of someone to suspend any man using, in his opinion, undue violence. For the following summary of the case we are indebted to Mr. F. H. Barendt, house surgeon.

J. M—— was brought to the hospital on Saturday even-

ing, Jan. 28th, at 6 P.M., suffering from stridulous dyspnœa. His voice was husky and speech painful. He was spitting up phlegm tinged with bright-red blood. He stated that whilst playing football he received a violent blow over the windpipe from a man's elbow. He at once felt difficulty in breathing, and was brought to the hospital as his symptoms grew rapidly worse.

On examination there was well-marked subcutaneous, emphysema on both sides of the neck, especially so on the left. On handling the thyroid great pain was felt, and crepitus could be elicited on the left side. He was at once put to bed and propped up. As the subcutaneous emphysema was spreading, and his neck being very thick and distended, punctures were made to relieve the tension and let out the air. The dyspnœa was relieved somewhat by this procedure. It soon became again urgent, and, suffocation being imminent, laryngotomy was performed. During the operation, which was rendered somewhat difficult on account of the inflated condition of the neck, it was ascertained that the left ala of the thyroid was fractured, but not separated completely from its fellow. The lower margin of the left alar cartilage was divided, and the knife was inserted here and prolonged downwards, cutting through the cricothyroid membrane. Immediately air had free access, and the patient quickly became intelligible. A Bryant's tracheotomy tube was inserted, and the patient was placed under a steam tent. The progress of the case was satisfactory on the whole up to the following Wednesday. The patient was exceedingly irritable and most difficult to keep in bed. Furthermore, his irritability was increased by the inability to vocalise his speech and by his inability to write, so that it was most irritating to him not to be able to communicate his ideas. Swallowing caused him at first a good deal of trouble, but probably this was due to pain, for it improved in a few days. On Wednesday, Feb. 1st, a Morrant Baker's indiarubber tracheotomy tube was inserted, and this remained *in situ*, being taken out only for cleaning purposes up to two days before he died, which happened on Thursday, the 9th. The immediate cause of death was, as far as can be gathered from a post-mortem examination performed by Dr. Ryan, pneumonia of a septic character.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Radical Cure of Hydrocele.

AN ordinary meeting of this Society was held on Tuesday last, Mr. G. D. Pollock, F.R.C.S., President, in the chair.

Mr. HENRY MORRIS read a paper on the Radical Cure of Hydrocele, with notes of two cases of excision of the tunica vaginalis, followed by recurrence of the hydrocele. The history of hydrocele and its radical treatment was briefly referred to, as showing the frequent alternations between what may be called the "closed" and "open" methods of treatment—namely, injections on the one hand, and tents, setons, caustics, incision, and excision on the other. To be quite certain of a permanent cure the vaginal cavity must be entirely obliterated, either by firm universal adhesion of the two surfaces of the sac, or by the filling up of the sac by granulation tissue; but there is reason to believe that permanent cures have been effected by a simple change in the secreting capacity or character of the membrane. Although, on the whole, a more satisfactory mode of radical cure does not exist than the injection of small quantities of some irritating fluid, incision or excision is preferable under certain conditions. From a comparison of cases there does not seem to be much to choose, either as to duration of treatment or certainty of result, between injection on the one hand and incision or excision on the other. The comparative values of injections and of incision or excision were alluded to. But the author pointed out that there was no method of radical cure yet devised which was not liable to occasional failure. The circumstances under which incision or excision is to be preferred to injections are the following:—1. When we are in doubt as to the precise nature or relations of the hydrocele sac—e.g., whether the tumour is a congenital hydrocele or a hydrocele of a hernial sac. 2. In some cases in which hernia complicates a hydrocele. 3. When a foreign body in the tunica vaginalis is the cause of the hydrocele. 4. When we have reason to think that the hydrocele is caused by, or associated with, a diseased condition of the testes, for which castration would be the right treatment. 5. When, as in a case lately under the author's care, a vaginal hydrocele is associated with an encysted hydrocele of the cord and a bubonocele on the same side. The author's treatment of the cavity after incision was described. In conclusion, two cases were related of recurrence of the hydrocele after excision of the sac.

The PRESIDENT referred to the difficulties surgeons often found in dealing with hydrocele. A case under his care was tapped and injected twice, and followed by recurrence. A seton was then passed through and kept in for three weeks; this likewise failed. It was laid open and dressed with lint from the bottom, causing profuse suppuration. On allowing the wound to heal, it again returned, and since then it had been treated by simple tapping.

Sir JOSEPH FAYRER said that hydrocele was an infinitely commoner and more grave affection in India than here; it was often the local expression of constitutional malarial taint, and it nearly always was the precursor of elephantiasis. He had seen cases in which the wall of the sac was half an inch in thickness, rigid, and containing cartilaginous plates and deposits of bone; for these he knew of no treatment but excision. His belief was that in hydroceles of moderate size the best treatment was the injection of two drachms of strong tincture of iodine: he had never seen recurrence after that method.

Mr. WILLETT showed a case of relapsing hydrocele in a man aged twenty-one, who received a kick in the scrotum three years ago. He had been treated by frequent tappings with injection of iodine, without cure. Three weeks ago a portion of the tunica vaginalis was excised, and the interior of the sac was found filled up with a structure resembling mucoid polypus, and of a yellowish colour. Under the microscope it showed nothing definite except fibrous tissue. His usual practice was to completely empty the sac of fluid before injecting iodine.

Mr. BRYANT used as an injection a solution of two drachms of equal parts of the tincture and liquor iodi into an emptied sac, and he had good success with this method. He had twice incised and once excised; in all three recurrence followed, but they were all cured by subsequent iodine injection. Some cases demanded incision, such as old hæmatoceles with thickened walls, and hydroceles with thick viscid fluid. He had employed injections of simple hot water—as hot as the finger could bear—with much success, and recommended it in those cases where iodine injections had failed, and as a measure to be tried before incision. He thought the tissues in Mr. Willett's case was organised lymph saturated with hydrocele fluid.

Mr. HARRISON CRIPPS had experienced failures even when all the fluid had been drawn off and pure tincture of iodine injected.

Mr. TREVES had found that where the sac had been emptied and two drachms of "Curling's solution" injected and left in, the failures amounted to nearly 30 per cent. After incision and excision he also found that there were 25 per cent. of failures. The method he now adopted was to open the tunica vaginalis and swab out the sac with crude carbolic acid, which destroyed the endothelium and set up suppuration.

Mr. WALSHAM had seen several cases of failure after injection with pure tincture of iodine. He thought the only really radical cure was to stuff the sac from the bottom and allow it to granulate up. For out-patient practice he recommended simple tapping.

Mr. M. SHEILD thought the gelatinous material in Mr. Willett's case might be simply fibrin, resulting from the contact of inflammatory serum with the hydrocele fluid.

Mr. MORRIS, in reply, said the capriciousness of the disease was well illustrated by the oscillation of opinion of the older surgeons as to the best method of treatment. In one case he had injected very weak iodine with a successful result. He knew of no figures which would show whether the solution or the tincture of iodine were the better for purposes of injection. He failed to understand how hot water could act curatively, though he knew that it could often be injected with good effect in chronic cystitis. He imagined the material in Mr. Willett's case was exaggerated trabecular adhesion which had become œdematous.

CLINICAL SOCIETY OF LONDON.

Sequel to a Case of Ligature of the Carotid.—Laceration of Axillary Artery.—Ligature of Superficial Femoral Artery for Popliteal Aneurysm.—Amputation for Sarcoma of Femur.

AN ordinary meeting of this Society was held on Feb. 24th, Dr. Broadbent, President, in the chair.

Mr. HOLMES read some notes which formed the sequel to an old case of ligature of the carotid artery which was published in the ninth and tenth volumes of the Society's Transactions as one of distal ligature of the left carotid for aortic aneurysm. The patient survived the operation for twelve years, and then died of phthisis. The post-mortem examination proved that the thrill, bruit, and pulsation, which were thought to be caused by aneurysm of the aorta, depended on stenosis of the valves of the pulmonary artery, with dilatation of its left branch. There had been weakness and occasionally total absence of pulse in the left arm, but the cause of this was not explained by the post-mortem examination, which had been somewhat hurriedly made. The aorta and its branches were healthy as far as they were examined. The left carotid was obliterated in its whole extent. As the case had been used in discussing the propriety of distal ligature in aortic aneurysms, it was thought right to publish this correction.—The PRESIDENT suggested a source of embolisms which might have lodged in the subclavian artery. The fenestrated communication between the two auricles might have whipped up the blood which passed through, and so have given rise to the trouble.—Mr. CHRISTOPHER HEATH said that he took particular interest in the case because he had ligatured the carotid for the first time a year or two before. When he saw Mr. Holmes' case, he certainly was doubtful as to its being an aortic aneurysm, though he was unable to suggest what else it might be. There was a distinct pulsating tumour after ligature. On the other hand, the age of the patient and the duration of the disease militated against the hypothesis of aneurysm, though the relief which followed operation might be thought to point the other way. He said there were no cases more difficult to diagnose than those of pulsating tumours low down in the neck. He quoted two cases which had been diagnosed as innominate aneurysm and turned out to be purely aortic. He hoped that a drawing would be made of the specimen before it was put in a bottle, for insertion in the Transactions.

Mr. HOLMES next related a case of Laceration of the Axillary Artery in a man fifty-four years of age, in fair health, who had no symptom of disease of the vessels. There was a systolic bruit. He had dislocated the left shoulder three weeks before. Attempts were made (Jan. 24th, 1887) to reduce the dislocation by manipulation, by the knee in the axilla, and by extension vertically upwards. This was followed by the appearance of a large blood tumour. The progress of the case showed that this extravasation must have been caused by the rupture of some large vessel, though there was no loss of pulse at the wrist, no pulsation in the swelling, and no bruit. An operation was proposed, but the patient would not consent. Ultimately he began to sink rapidly, and died on April 23rd, apparently from septicæmia. Post-mortem examination showed no serious visceral disease, and only slight atheroma of the thoracic aorta. A small hole existed in the axillary artery. The vessel itself seemed healthy. The case is published as being probably the first in which the lesion has proved fatal from refusal of operation, and in which the parts have been obtained. It shows the great importance of timely operation in all cases where the extravasation goes on extending, though there is no reason why so small a hole as existed in this instance may not close spontaneously, and similar symptoms have been present in cases which recovered without operation.—Mr. LUNN alluded to a case which he published in 1883, in which he had lacerated the axillary artery in attempt at passive motion in an ankylosed arm. Soon after there was pain and swelling in the axilla, with all the symptoms of ruptured vessel. Matters remained quiet for a day or two, when suddenly the arm swelled up, and the pulse on the same side ceased to be perceptible. He then cut down directly on the tumour, but, not being able to control the hæmorrhage, he amputated at the shoulder joint. The patient never rallied from the operation. At the post-mortem examination they found a great hole in the axillary artery. Although he had been blamed for doing so, he had published the case at the time, because he thought that they often learned more from the unsuccessful than the successful cases.—Mr. STEPHEN PAGET mentioned a case which had occurred in Sir James Paget's practice. The patient was a lady, who had a stiff arm, the result of rheumatism. For this, rubbing, galvanism, and passive movements were employed; after several applications of this kind movement was largely restored, when one day, to test the strength of the recovery, the patient rested her elbow on the mantelpiece and threw the weight of her body upon it. She was soon after seized with pain in the axilla, with swelling. It soon became necessary to do something, and Sir James Paget cut down and found a rent, a quarter of an inch in diameter, in the long axis of the vessel. He ligatured the artery above and below the seat of injury, and the patient made a perfect and uninterrupted recovery.—Mr. HOLMES, in reply, said that Sir James Paget's case served to show how little violence sufficed to cause this grave injury when the parts had been matted together by past inflammatory changes. The noteworthy feature of his own case lay in that it was the only case on record in which the injury had been allowed to run its natural course in consequence of the refusal of the patient to be operated upon.

Mr. J. R. LUNN gave the history of a case in which the superficial femoral artery was ligatured for Popliteal Aneurysm without rupture of the coats of the vessel. The researches of his friends Messrs. Ballance and Edmunds on the subject of the ligature of the arteries, which were published in Vol. 69 of the Medico-Chirurgical Society's Transactions, clearly demonstrated that it was unnecessary and inadvisable to rupture the coats of a large artery if it be desired to occlude it in its continuity. He determined, therefore, to adopt the method which was shown by the paper to be as efficient and apparently more safe than the usual practice of dividing by the ligature the internal and middle coats. He had usually employed catgut for large arteries, but in Messrs. Ballance and Edmunds' paper it was shown that even the best catgut might not hold for more than a few days when subjected to an environment of living tissue; and so, on the other hand, that kangaroo tendon suitably prepared would resist the absorption process for two months, and also in other respects was admirably adapted for use in the operation of ligature in continuity. C. W——, aged forty-five, widow, occupation a needlewoman, was admitted in May, 1887, into St. Marylebone Infirmary, Notting-hill, with pulsating tumour in the right popliteal space. No history could be obtained of a blow, strain, or syphilis, &c. The urine contained no albumen. She noticed a pulsating swelling about the size of an egg behind the right leg in the popliteal space, which gradually enlarged, and she was obliged to give up her work. The circumference of the pulsating tumour measured sixteen inches and a half. After giving a fair trial to different methods of treatment, and having failed to make any impression upon the aneurysm, it remained only to advise the patient to submit to the usual operation of ligature of the superficial femoral artery, which she consented to. The usual antiseptic precautions were taken. When the sheath of the artery was opened, the vessel wall was noticed to be of a tallowy colour, and not the usual pinkish tinge of health. Wishing to try Mr. John Smith's suggestion and ligate the vessel with a clove-hitch, and as Mr. Ballance had had some experience of it in his as yet unpublished experiments on the carotids of horses and asses, Mr. Lunn asked him to pass the kangaroo tendon, and occlude the vessel by means of it without rupturing the coats. This he did. The pulsation of the tumour was arrested immediately, and the woman made an uninterrupted and perfect recovery. The patient was kept in bed for seventy-two days after the operation. "The case is offered to this Society as a contribution in aid of the advance of our knowledge of the surgery of the arteries."—Mr. HEATH pointed out that they had two cases in which the clove-hitch with kangaroo tendon had been employed, which was a surgical novelty, involving as it did occlusion of the vessel without dividing the coats.—Mr. KEETLEY quoted the case of a man aged twenty-seven, who came to the hospital with aneurysm of the femoral artery in the lower part of Scarpa's triangle, about four inches long. He had only noticed it a fortnight before, and it rapidly increased in size. The upper limit of it came within three inches of Poupart's ligament. Not wishing to tie the ex-

ternal iliac, he ligatured the common femoral with kangaroo tendon, using a clove-hitch, with a reef knot to fix it. The operation was performed on Jan. 24th, and there had been no return of pulsation, and the man was doing well.—Mr. TURNER mentioned a case which occurred some three years since, in which he had ligatured the common femoral artery with catgut, dividing the coats of the vessel. The artery had previously been ligatured with a silk ligature, which, in coming away on the sixteenth day, had given rise to profuse hæmorrhage. The man made a good recovery. The cases which had been brought before them showed that it was possible to deal with a vessel which they were formerly forbidden to touch.—Mr. HENRY MORRIS said the question would require some time before it could be authoritatively settled. It had yet to be proved that the method of ligaturing arteries without dividing the coats of the vessel presented any advantages. He thought that experience might show, indeed, that it was not so reliable. He mentioned the case of a man under his care who came to him in August with a tumour in the popliteal space, of sudden onset, and rapidly increasing in size. There was pulsation in the arteries below. He cut down and turned out the clot. The artery was soft, and a good deal of arterial blood escaped from between the vessel and the bone. Ligatures of chromicised catgut were applied, and the man did well. Some days later pulsation returned at the upper part of the popliteal space, and that time he ligatured the femoral artery with kangaroo tendon, dividing the artery between. He did well, but his leg became contracted, and he was subsequently anæsthetised to straighten the limb. No undue force was used, but within two or three days gangrene set in, and amputation was performed. Examination showed that the ligation was satisfactory in both cases. He called attention to the fact that pulsation was felt, although there was considerable extravasation. He approved of ligaturing the vessel above in some cases in preference to opening up at the site of extravasation.—Mr. TIMOTHY HOLMES said he always believed in ligaturing the common femoral instead of the external iliac artery, and he thought the prejudice against the course was based on a mistaken idea. He expressed himself in favour of the old-fashioned practice of tying a stout ligature tightly, so as to rupture the coats of the artery. The method of compressing the vessels was as old at least as John Hunter. In any case, the advantage of such a modification was not obvious.

Mr. BERNARD PITTS related a case of Amputation at the Hip Joint for Sarcoma of the Femur, in which the common femoral artery was successfully ligatured for secondary hæmorrhage. R. T——, a draper, aged thirty, came under his care in St. Thomas's Hospital on Aug. 19th, 1887, with a hard tumour firmly attached to the left femur, at the junction of the middle and lower thirds. It was first noticed four months before, and was then only as large as a pea; its present measurement in the long diameter was between four and five inches. On August 24th, after an exploratory incision, a circular amputation was performed, and the limb removed just below the lesser trochanter, four inches clear of the periosteal growth. Whilst the vessels were being secured, a longitudinal section was made through the removed bone, and the tumour showed the typical appearance of an osteoid sarcoma. The medullary cavity was involved as far upwards as within one inch of the lesser trochanter. An incision was then made on the outer side of the trochanter, and the remainder of the bone rapidly and easily disarticulated. The patient progressed well till the fifth day, when secondary hæmorrhage occurred from the stump. The bleeding into the dressings was considerable, and the patient was greatly exhausted. Finding that pressure on the common femoral controlled it, and since the patient would certainly have died if the flaps had been opened for a search for the bleeding vessel, a clove-hitch of kangaroo tendon was placed round the common femoral just below Poupart's ligament, and above the profunda. No return of hæmorrhage took place, and the patient made a good recovery, and left the hospital quite well early in November. Mr. Pitts, in his remarks, advocated the Furneaux Jordan method of amputation both on account of its safety, and also because it enabled the surgeon to stop short after the high amputation if the patient's condition or the nature of the tumour required it; and he proposed the following rule—viz., in any periosteal sarcoma of the lower half of the femur, to amputate high in the thigh, and well clear of the disease; to have a longitudinal section of the femur made whilst the vessels were being secured, and if it be found that the medullary cavity be infected, to remove the remaining portion of the bone—at the time if the patient's state permit, but if not at a subsequent operation. Mr. Pitts then stated the reasons why he had departed from the usual practice of opening the flaps when the secondary hæmorrhage occurred: he thought that ligature of the common femoral might now be safely tried, and the old fear of hæmorrhage at the seat of ligature was not felt by a surgeon who placed a flat tendon ligature on the vessel, and did not divide the coats, but merely closed the lumen of the vessel. Reference was made to the experiments by Messrs. Ballance and Edmunds, which so clearly proved that such a method of ligature was efficient. In conclusion, a case was referred to of a boy aged thirteen, who was brought last August to the hospital with a fracture of the thigh and a rupture of the popliteal artery. The effusion of blood had extended to Scarpa's triangle, and he was almost moribund. Mr. Pitts tied the common femoral with a flat ligature, without rupturing the coats. The boy died the next day, and at the post-mortem it was found that the artery was impervious to water, although the coats were entire. The ligature was placed on the vessel in order to give him a chance of recovering from his collapse, when an amputation was contemplated.—Mr. BRUCE CLARKE said that two years ago he amputated a child's femur for a sarcoma in the popliteal space. The mother refused to allow amputation to be performed higher than just above the seat of the disease, and subsequently the disease recurred high up, where intervention was impossible. He advised removing the whole of the bone, but leaving the periosteum.—Mr. CHRISTOPHER HEATH recalled a case already published in the Transactions in which he had tied the femoral artery in the early days of catgut ligatures, and in a few days pulsation returned. This was by no means the only case on record, and they tended to show that it was not safe to rely on anything less than rupture of the coats. He suggested that it would not be safe to divide the artery between two ligatures in some situations, and mentioned a case where this had been done in respect of the subclavian, with death from slipping of the knot. He expressed surprise that the question of the knot had not been discussed. Personally, he would prefer a reef knot to a clove-hitch. He pointed out that Jordan's operation was not always applicable. He observed that present-day surgery was apt to be rather slow, surgeons not attributing sufficient importance to mere loss of blood.—Mr. HENRY MORRIS pointed out that his remarks as to dividing the artery between two ligatures only applied to the vessels of the limbs and to the common carotids.—Mr. LUNN, in reply, thought that in old people the employment of the broad ligature obviated the danger of tearing the coats of the artery.—Mr. BERNARD PITTS, in reply, asked Mr. Morris whether he would be inclined to divide the common iliac between two ligatures. He was satisfied that absolute security resulted from the changes which took place consequent on the mere occlusion of the lumen of the vessel. The principle of surgery was that when the same result could be achieved with less damage, then it was to be preferred. He objected to leaving any periosteum when removing a bone for sarcoma, as it would invite recurrence. He did not advocate Jordan's operation as such, but modified to suit the circumstances of the case.

The following living specimens were shown:—

Dr. BARLOW: Case of cured Subclavian Aneurysm.

Mr. SILCOCK: Case of Traumatic Meningocele.

Mr. F. TREVES: Patient upon whom Lorette's Operation on the Stomach was performed two months ago.

Mr. J. H. MORGAN: Case of Lymphangiectasis of Upper Lip.

Mr. MARSH: Case of Hairy Mole.

Dr. BROADBENT: Case of Subclavian Aneurysm cured by Pressure.

MEDICAL SOCIETY OF LONDON.

Syphilis.—Bilharzial Epicystitis.—Friedreich's Disease.—Ununited Fracture of Humerus.—Dermoid Cysts of Chin.—Loose Bodies in Knee Joint.—Twitchings of Ears.—Partial Facial Atrophy.—Onychia.

THE meeting of this Society on Monday last was a clinical evening. The President, Dr. J. Hughlings Jackson, F.R.S., was in the chair.

Mr. JAMES BLACK brought forward a case of Syphilis in a woman aged thirty-six, who had been married seventeen

years, and had nine healthy children. She became affected with syphilis about six years ago, and since that time had twelve miscarriages at from two to five months. She was under treatment for a year and a half for severe syphilitic psoriasis and onychia, and during this time she became pregnant, and gave birth to a child at full term, which was fairly healthy and showed no evidence of taint, with the exception of a somewhat flattened nose. Mr. Black pointed out that anti-syphilitic treatment had markedly modified the course of the disease, as proved by the capability of conception of a healthy child.

Mr. HURRY FENWICK showed a case of Bilharzial Epicystitis in a patient aged twenty, who had suffered from Cape hæmaturia for five years, and who had come under observation on September 23rd, 1887, with symptoms of extra-peritoneal perforation of the bladder of nine days' duration. Ten days previously, after severe exercise, the patient suddenly passed large quantities of blood and was seized with severe supra-pubic pain. The abdomen was tympanitic in its upper two-thirds, but absolutely dull in the supra-pubic region. The dulness was not removed by catheterisation of eight ounces of clear urine. The entire recto-vesical pouch it was found to be filled with a softish mass of the size of a fœtal head. Mr. Fenwick believed that pericystitis had been set up by incomplete perforation of, and leakage through, the posterior wall of the bladder, and that epicystitis and adhesion of the intestines had resulted. A supra-pubic incision was made for drainage purposes, but the prevesical space was found on examination to be free. The swelling in the retro-vesical pouch gradually absorbed, and the patient recovered. He still passed bilharzial ova. Electric illumination of the bladder revealed multiple punctiform hæmorrhages of the base.—Mr. PITTS inquired if the supra-pubic incision communicated with any collection of blood—Mr. FENWICK replied that the prevesical space was free; the dulness was due to matting of intestines and inflamed peritoneum.

Dr. ORMEROD brought forward two cases of Friedreich's Disease (hereditary ataxia) in a brother and sister. The boy, aged fifteen, had been weak in the limbs since birth, and worse for six years. His gait was unsteady and shambling, with feet separated and body bent forward; he could not stand with the feet together and the eyes shut. The patellar reflexes were absent, and recently he had severe pains in the legs; there was no deformity of the feet. The girl, aged seventeen, had been affected for four years, falling about as she went downstairs. She was worse the last twelve months, and had lumbering gait and turning in of the right foot. The patellar reflexes were well marked, and there were cramping pains in the ankles for the last two years. The father had been a hard drinker in early life; the mother and younger sister were healthy, and there was no family history of paralysis.—The PRESIDENT asked if there were choroiditis in either of the cases. He saw recently a young man with marked nystagmus, no action of pupils to light, lateral spinal curvature, and keratitis, who had improved under anti-syphilitic treatment. He had witnessed a good many cases of choroiditis in the nervous affections of young people.—Dr. ORMEROD, in reply, said he had not thoroughly examined the eyes; there was no history of syphilis.

Mr. MARMADUKE SHEILD showed a case of Ununited Fracture of the Arm in a boy aged fourteen, caused by direct violence six years ago; it was compound and comminuted, and many pieces of necrosed bone were removed from time to time by operations, which were also designed with a view to cause union, but failed. The case illustrated the extreme usefulness of the upper limb under adverse circumstances, and served as an argument against amputation in serious fractures of the upper extremity in the young.—Mr. TURNER had seen a case in which the medullary membrane of a puppy's bone was transplanted in a case of ununited fracture of the humerus, but with no good result. In the present case he thought the ends too far apart and too pointed to wire. Amongst forty-eight cases of false joint in the London museums, sixteen were of the humerus and fourteen of the femur.—Sir WILLIAM MAC CORMAC thought transplantation might be tried in this case.—Mr. SHEILD thought transplantation would fail; he considered that frequency of non-union was due to the treatment by four short splints, which permitted much movement.

Mr. BERNARD PITTS showed the case of a boy aged fourteen, who since birth had had two Cysts, one over the middle of the mental symphysis causing a depression in the bone, the other in the floor of the mouth, projecting into the supra-hyoid space. Both had been tapped many times, but they had always refilled. He drew attention to the rarity of the occurrence of two dermoid cysts in this position, and advocated radical treatment.

Mr. MARMADUKE SHEILD brought forward a case of Loose Bodies in the Knee Joint in a man who came under observation in October, 1887, with a history of syphilis two years previously. He had cranial scars, ulcers on the tongue, anal condylomata, and a node on the right fibula. The left knee joint was swollen and tender, the lower third of the femur was thickened, and there were nocturnal pains. Iodide of potassium was given combined with mercurial inunction of the joint, which improved rapidly, the exudation disappearing. Early in December a loose body was felt in the deep bursa of the femur, of the size of a filbert, and apparently pedunculated. In January a second was found on the inner side of the joint, giving a crepitant sensation on movement. There seemed in this case to have been periostitis of the femur, causing synovitis, the loose bodies being thickened and calcareous outgrowths of the synovial membrane; they were not calcified gummata. The man at his work subjected the joint to violent movement. It was proposed to remove the bodies by incision under the spray.—Professor HUMPHRY thought they were ingrowths from the synovial membrane; there were sometimes gaps in the cartilages which were really the result of absorption due to pressure of foreign bodies formed in other ways.—Mr. OWEN inquired whether there had been effusion before the specific infection. He alluded to a case in which he removed the foreign body by direct incision.—Mr. PITTS referred to a case in which the knee joint of a man who died from kidney mischief contained a piece of articular cartilage, which lay quiescent in a depression, and was detachable by slight movement.—Mr. SHEILD, in reply, said there was no history of previous synovitis. He believed that diseased pieces of cartilage were frequently broken off, and he saw no reason why healthy articular cartilage should not be chipped off by accident.

Dr. C. E. BREVOR brought forward the case of a girl aged sixteen, who had been troubled with choreiform movements of the head and shoulders for five years. These ceased a fortnight ago, but two days afterwards the ears commenced to twitch, and have continued to do so since. The right ear was drawn backwards and slightly upwards, the left in a similar fashion, but to a less degree; the movements were not rhythmical, and the patient was unable herself to move the ears. There was no family history of chorea, epilepsy, or paralysis.—Dr. HUGHLINGS JACKSON said that the chorea of dogs and other animals described by veterinary surgeons was undoubtedly a spinal cord affection, and it ceased when the cord was divided in the neighbourhood of the cervical enlargement.

Dr. A. GARROD showed a girl, aged twenty-one, with an atrophic line on the forehead, extending from the border of the hair to the inner end of the left eyebrow. It was vertical in direction, elliptical in shape, and the skin over it was white, depressed, marked by transverse striæ, glossy and movable on the subjacent structures; there was no marked impairment of sensation. The left side of the nose was glossy and considerably atrophied; the left ear was slightly smaller than the right. She suffered from fits, had occasional attacks of pain in the joints, and there was a family history of rheumatism.

Mr. MARMADUKE SHEILD exhibited a girl aged fourteen years who was suffering from syphilitic onychia. The nails of the middle finger of the left hand and of the ring finger of the right were represented by small black irregular masses, which did not cover the matrix. On the calf of the left leg was the scar of an ulcer which had existed there three years previously. She had been treated for twelve months with small doses of grey powder, and the constant application of mercury and tar ointments by means of finger-stalls. The nails were now tolerably well formed, and the case was brought forward to show the efficacy of treatment.

HARVEIAN SOCIETY.

Cases of Hysteria.—Functional Neurosis simulating Hysteria.

A MEETING of the above Society was held on Feb. 16th, Mr. Sedgwick in the chair.

Dr. STEPHEN MACKENZIE read a paper on some Cases of Hysteria, with remarks on the Nature of Hysteria. He narrated two cases. The first was that of a female aged

twenty-one, with emaciation and profound anæmia, complaining of constant and severe pain, increased by food. There had been much vomiting. There were no physical signs of organic disease, and it was regarded as hysterical. Food was regularly, and, if necessary, forcibly given; iron was administered, and sedatives withheld. The patient made a slow but steady recovery; the corpuscular richness increasing from 50 to 93 per cent., the hæmoglobin from 30 to 70, and the body weight from 4 st. 2 lb. to 6 st. 7 lb. The patient has remained well two years in all, excepting the non-return of the menses, which had disappeared since the commencement of the disease. The second case was that of a young lady aged nineteen, who from gastric pain had gradually ceased taking food, until she was reduced to a condition of extreme emaciation and weakness. The cases were regarded as apepsia and anorexia hysterica. The term "hysterical" being employed occasioned the author to explain what he understood by the term. He thought the current view in the profession, as well as out of it, was that hysteria was a "want of self-control"—"a giving way to the feelings." The author pointed out that this, though in his opinion correct, was a purely metaphysical explanation. He thought that the term "hysteria," though etymologically incorrect, misled nobody nowadays, and it was a convenient label, distinctive if not descriptive. It was admitted by all that hysteria was sometimes seen in the male. The greater frequency of hysteria in women was due to education, the whole circumstances of their lives favouring the development of their emotional nature. Passing to the physical aspect of the question, he pointed out that, whether regarded from the psychical or the physical side, hysteria afforded an illustration of the doctrine of dissolution formulated by Herbert Spencer, and so ably applied and extended by Hughlings Jackson. He drew attention to the widely representative character of the physical basis of the emotions, so that when these were powerfully excited there occurred the most widely spread and varied movements, not only in the whole muscular system, but in the vascular and secretory. On the other hand, there were still higher arrangements of the nervous system which "inhibited" the nervous arrangements (called centres for convenience) forming the anatomical substrata of the emotions. This was clearly admitted by the expression "the control of the emotions." In hysteria there was a suspension of function of the so-called inhibitory "centres," which occasioned the negative element, loss of inhibitory power (psychically, loss of control), and the positive element, overaction of the nervous arrangements constituting the physical basis of the emotions (psychically, outburst of the emotions). This "suspension of function" of some of the highest nervous arrangements which inhibit the nervous arrangements forming the physical basis of the emotion, might be brought about by all kinds of debilitating influences, including organic disease. The practical bearings of these views were pointed out, but the gist of the paper was to put on a physical basis the metaphysical theory that in hysteria there was a want of self-control and a "let-go" of the emotions.

Dr. LEES narrated two cases of Hysteria in Boys. The first was a boy of eight, who had vague pains, capricious appetite, asserted inability to swallow and to walk, with some tonic spasm of the muscles of the lower limbs, especially of the abductors of the thighs. There was marked increase of the knee jerks, normal cutaneous reflexes, no spine disease, and no anæsthesia. The treatment was mainly moral, and the boy was practically well in three weeks. The second case was of a different type. It was that of a boy of eleven, intelligent and patient, who had severe headache, patches of anæsthesia, amblyopia of the right eye, and defective hearing in the right ear, but no motor weakness and no spasm. The anæsthesia changed its site several times during six months, affecting different areas, sometimes on the right side, at others on the left. The amblyopia was found to be due in part to posterior polar cataract, but only in part, for it amounted to mere perception of light. One day it was found that he had double temporal hemianopia, the temporal halves of both retinæ being insensible to light; but the next day this condition had vanished, and so had his auditory defect and much of his anæsthesia. He improved considerably under treatment, and when last seen had lost his headache and almost lost his anæsthesia. No doubt these two cases must both be classed as "hysterical," and yet they differed from each other completely. In the first the affection was mainly a moral one, and the objective symptoms were purely motor; in the second there was no moral element, and the symptoms were entirely sensory, and discovered only by clinical investigation. Yet it seems likely that the difference in symptoms may have been a result simply of the different brain areas affected, and that a similar condition—a kind of torpidity of some of the nervous centres—may have existed in both.

Dr. MAGUIRE and Mr. SILCOCK reported a case of death from Functional Neurosis, in which the symptoms at one time resembled those of hysteria. The patient had complained of pain in the back of the head and failing sight for twelve months. Two months after a blow on the back of the head sight was lost almost entirely. On admission into hospital the gait was tottering, memory impaired, and speech slow and drawling. There was no loss of power or sensation, and the knee jerks were exaggerated. No change could be detected in the fundus or media of either eye, nor was any other physical sign of disease discovered. The patient became restless at night, and three days later was found comatose, not responsive to any force of stimulation, lying with the mouth open, and breathing stertorously. Copious perspiration was observed on the right side of the face and neck, none on the left, and the pupil of the right eye was slightly contracted. No diaphragmatic respiration could be detected. The patient died about twenty-four hours later, and at the post-mortem examination, after most careful search, no morbid condition, macroscopic or microscopic, was found.

Dr. MAGUIRE related two similar cases which had been followed by recovery. One patient, a medical man, was comatose for more than two months, and during this time had a temperature never below 100°, and occasionally reaching 102°. Perfect recovery followed, but a second and similar attack occurred five years after the first. Dr. Maguire considered that at the present time such cases as these were of the utmost importance, in that grave organic disease, for which possibly operative treatment might be proposed, was so closely simulated by purely functional disturbance.

Dr. HOVELL advocated an improvement in the terminology of the subject, and described a state to which he thought the term "neuro-kinesis" was applicable. He also suggested a more rational and considerate treatment of those who were usually considered to be hysterical.—Dr. HUGHLINGS JACKSON said many so-called cases of hysteria were cases of nothing, and a number of cases were narrated to illustrate this proposition.—Dr. GRAILY HEWITT thanked Dr. Mackenzie for his lucid exposition of the mechanism of the hysterical derangements. His own experience of hysterical cases in women had taught him the fact that general malnutrition was almost universally present, and probably the basis of the whole case. Certainly the uterus showed signs of this malnutrition in such cases, its tissues being soft and deficient in normal firmness to a remarkable degree. Probably the central nervous system was in a like condition of malnutrition, and thus there arose increased liability to reflex disturbance. He had observed several cases of hysterical convulsions in women when the excitation plainly came from the uterus, as was proved by the cure of the convulsions by appropriate treatment of the uterus. As regards the pain described by Dr. Mackenzie in his first case, he had seen a case very like it where the pain was indubitably due to anteflexion and version of the uterus.—Dr. FITZPATRICK thought that during the last fifteen years hysteria had become less prevalent, and attributed this to the better hygienic conditions under which young ladies lived.—Dr. SQUIRE agreed with Dr. Hughlings Jackson that it was necessary to distinguish between hysteria and shamming. The former class was characterised by absence of motive; the latter had originally a motive.—Dr. EWART thought nerve inanition was an important factor in hysteria, and ought to be specially treated.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Notes of some Nervous and Arterial Anomalies.—Effect produced by Direct Stimulation of the Heart.—First Dorsal Interosseous Muscle supplied by Median Nerve.—Distribution of the Cutaneous Nerves on the Dorsum of the Human Head.

A MEETING of the Section of Anatomy and Physiology was held on Jan. 6th.

Dr. AMBROSE BIRMINGHAM read the following notes:—

Case 1: A spinal accessary nerve ending in the sterno-mastoid, without giving any branches to the trapezius, which was supplied by the third and fourth cervical nerves. Case 2: Buccal branch of inferior maxillary nerve absent; place taken by a nerve arising from the orbital branch of superior maxillary division of the fifth nerve, which pierced outer wall of orbit, and ran down to be distributed as a normal long buccal. Case 3: Nerve larger than long pudendal, arising by two roots from back of sacral plexus, corresponding to second and third sacral nerves, piercing great sacro-sciatic ligament, crossing and communicating with the long pudendal, distributed to skin of upper half of inner aspect of thigh. Case 4: Nerve to an axillary muscular arch, springing, without communicating with any other nerves, from the inner cord of the brachial plexus, close to the origin of the nerve of Wrisberg. Case 5: Small occipital nerve divided into two parts, posterior crossing occipital triangle obliquely passing under trapezius, piercing the muscle two inches from its insertion giving off no branches and returning again to posterior border of sterno-mastoid to be distributed with the rest of the nerve. Case 6: Origin of median by three pairs of heads, in each pair one head came from inner, one from outer cord of brachial plexus, and between the heads passed the artery: first pair high origin, intermediate in size; second pair normal level, largest; third pair long and slender, joining the others three inches down the arm. Case 7: Absence of nerve of Wrisberg arising from inner cord of plexus; place taken by branch of first dorsal nerve, which ran outwards between the pleura and first internal intercostal muscle, pierced thoracic wall, and reached axilla; further distribution same as normal nerve of Wrisberg (found three times). Case 8: Arterial anomalies at base of brain; left vertebral normal, right size of ordinary pin; both unite, and are joined by a large artery nearly three-fourth diameter of normal vertebral, arising from internal carotid at cavernous groove, piercing dorsum sellæ, joining basilar anterior to middle of its trunk, on same side posterior cerebral arising (apparently) from internal carotid through enlarged posterior communicating, and internal carotid slightly larger than fellow; left vertebral not enlarged.

Dr. PURSER made a communication on the results which follow direct stimulation by single induction shocks of the different parts of the heart of the frog. Attention was particularly called to the pause which is sometimes observed without the occurrence of any extra contraction, and to the conditions which must be fulfilled in order that this result shall be obtained with certainty.

Dr. BROOKS read a short paper on a remarkable case of variation in nerve supply that he had recently observed in the dissecting-room of Trinity College, during the dissection of the palm of a hand. The branch of the median to the first lumbrical muscle was larger than usual, and, after supplying that muscle, pierced it, and united to form a nervous arch with a twig from that branch of the median which divides to supply the contiguous sides of the index and middle fingers. The latter twig had no connexion with the nerve to the second lumbrical. The arch thus formed by twigs from the median nerve lay under cover of the long flexor tendons of the index finger, and gave off in this situation two twigs to the metacarpo-phalangeal articulation of the index finger, and a strong twig to the first dorsal interosseous muscle. The nerve was traced into the muscle, and was found to end chiefly in its distal part; the proximal part of the muscle was supplied by the normal branch from the deep palmar division of the ulnar. The ulnar twig communicated by two or three excessively fine filaments with the abnormal median twig in the substance of the muscle. A microscopic examination showed that there were not any "nerves without ends" in the loop above described. The two factors of the loop entered about equally into the composition of the nerve to the interosseous muscle. The author showed drawings of the macroscopic and microscopic appearance of the nerve; he was tolerably familiar with varieties of the nerves in the extremities, but had been quite unprepared for so great a variation as this. He believed it to be unique, as he had not met with any record of such a case. It appeared as if there were in the limb several main lines diverging from the brachial plexus and meeting again at their terminations in the hand, and that at the points of divergence a shunt of fibres, as it were, might take place, and almost any nerve pass to its destination by an unusual route.

Dr. BROOKS also read a paper on the Distribution of the Cutaneous Nerves on the Dorsum of the Human Head. He had been led to make these observations by some of Létiévant's cases ("Traité des Sections Nerveuses," 1873), which showed that on section of any of the large nerves of the arm (median, ulnar, musculo-spiral) the area of distribution of the nerve was not completely paralysed, as would be expected from the ordinarily received description of the nerves; and, moreover, that the paralysis exhibited several degrees of intensity, the slighter effects extending beyond the region of distribution of the nerves: for example, the skin of the little finger partially paralysed by a section of the musculo-spiral nerve. Létiévant explained these phenomena by "anastomoses" and "ébranlement des papilles à distance" (p. 16), but that explanation did not appear satisfactory. The author believed that they were due to the areas of distribution of the nerves overlapping one another, and in order to test this he had in five cases removed the skin, superficial and deep fascia with the nerves included, from the back of the forearm and hand, and dissected the nerves from the deep surface under water. In all of these cases he had found the radial and dorsal branch of the ulnar nerves overlapping for a certain extent. In the case that he had examined with the greatest care they overlapped in their distribution for the extent of three fingers (index, middle, and ring), with a corresponding area on the back of the hand. He had also succeeded in tracing filaments of the musculo-cutaneous and external cutaneous branch of the musculo-spiral overlapping the radial and ulnar, the musculo-spiral in one case reaching the metacarpo-phalangeal articulation of the little finger. With regard to the cutaneous supply of the fingers, some text-books represented the dorsal digital nerves extending uniformly as far as the ungual phalanges of the fingers. He did not think that such statements required to be seriously criticised. In Quain's "Anatomy," and in the larger continental works, it was represented that the dorsal nerves extended to the nail only in the case of the thumb—the dorsal branches to the four inner digits extending only as far as the first inter-phalangeal joint, the palmar digital nerves curving round beyond that point to supply the fingers on their dorsal aspect. Henle stated very positively that in the case of the thumb the palmar (median) twigs did not reach the dorsum, and the same is stated in a standard English work dealing largely with anatomical facts (Hilton's "Rest and Pain"). The author had found that the dorsal nerves extended in the case of the thumb and little finger as far as the nails, in the index and ring fingers as far as the second inter-phalangeal joints, and in the middle finger only as far as the first inter-phalangeal articulation. He had found the palmar nerves taking part in the dorsal supply of all the fingers, not excepting the thumb; in several cases he had traced strong branches of the median passing under the thumb-nail, and ramifying in the bed of the nail. The paper was illustrated by a number of diagrams, and a dissection showing the overlapping of the nerves was exhibited.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE quarterly meeting of the above Association was held at Bethlem Hospital on Friday, Feb. 24th, at 4 P.M. The chair was occupied by the President, Dr. Needham, and there was a very full attendance.

Dr. HUGHLINGS JACKSON read a paper on Post-epileptic States.

A special general meeting was subsequently held to consider the recent appointment at the Hayward's Heath Asylum. Letters expressing great indignation were received from Drs. Clouston, Yellowlees, Brushfield, and others, and a petition, numerously signed by assistant medical officers, was read, protesting against the circumstances of the appointment. The following resolutions were passed: "That this Association is of opinion that it is highly desirable that medical superintendents of asylums should have spent before their appointment some time as resident medical officers in asylums or in the study of mental diseases in these institutions"; and "that the qualifications in medicine and surgery required for the medical superintendent of an asylum should not be such as to preclude the application of a large proportion of suitable medical men engaged in the department of mental medicine."

GLASGOW OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

THE fifth meeting of the present session was held in the Faculty Hall on the evening of the 22nd ult., Dr. Abraham Wallace, President, in the chair.

Dr. NIGEL STARK gave in his report on the Dysmenorrhœal Cast shown by Dr. Park at the meeting of December 28th. He found it did not yield under the microscope any of the classical features of such membranes, and was lacking, *inter alia*, in evidence of utricular glands.

Dr. PARK then read a clinical history of the case, which exhibited the combined phenomena of dysmenorrhœa, metrorrhagia, and hydrorrhœa, extending over a prolonged period. The patient was a lady of thirty-six years.

Dr. PARK also showed a number of specimens from cases of Mucous Disease of the Colon.

Reviews and Notices of Books.

Lectures on the Surgical Disorders of the Urinary Organs. By REGINALD HARRISON, F.R.C.S., Surgeon to the Liverpool Royal Infirmary, Lecturer on Clinical Surgery in the Victoria University, Member of Council of the Royal College of Surgeons of England. Third Edition, Rewritten and Enlarged. London: J. & A. Churchill. 1887.

IT is rather sad to see how this book has grown at each fresh edition. We remember it as it first appeared — a slim tempting volume. Now it is portly, and if again enlarged will have to be described as ponderous. Of course the book is richer in its present form, but we are inclined to think it might be reduced in size with both advantage and comfort to the reader. But, after all, we are bound to say that the book is a good one. It is not "paste and scissors," but the outcome of Mr. Harrison's experience and reasoning, and those who know him at all will at once admit that he is an enthusiastic observer and worker in this department of surgery, and that his opinions are always worthy of respectful consideration. Of the many interesting points discussed by Mr. Harrison, there are only two to which we will allude, for his work and book are too well known to need a lengthened notice at our hands. And the first is as to the causation and nature of hypertrophy of the prostate. The author regards this as a true physiological hypertrophy. In the chapter devoted to the function of this body, we are told not to regard it as a gland, but as a muscle which acts as a constant sphincter to the bladder; and then a page or two further on we read that hypertrophy of the prostate is preceded by frequency of micturition, caused by violent efforts to expel residual urine left behind in the pouch, developed from many causes in the floor of the bladder. We must confess to having difficulty in reconciling these views. How can frequent successful contractions of an expelling muscle cause hypertrophy of a sphincter? Mr. Harrison refers us to the analogy of the heart; but it is almost as if some pathologist were to attribute an aortic stenosis to hypertrophy of the left ventricle. But more than that—is there really sufficient clinical evidence? Is it possible to affirm that frequency of micturition always precedes hypertrophy of the prostate? Is there a constant proportion between the frequency of micturition and the hypertrophy of the prostate? Has not Mr. Harrison met with cases of greatly enlarged prostate in men who have but *recently* experienced any frequency? And when this symptom has been entirely relieved, has he observed a gradual subsidence of the hypertrophy? — which surely ought to occur if his theory be the sound one, especially in men advanced in years, in whom the whole muscular system is enfeebled. Without entering into any other questions, these, which are unanswered in these Lectures, are enough, we think, to justify us in saying that Mr. Harrison has yet to prove this theory.

The second subject we would refer to is the author's views about lithotomy. He is not quite prepared to adopt the supra-pubic method so enthusiastically as many surgeons now do. He is evidently very attached to the perineal method, in which he has had great experience and success. We admire him for this. He speaks well of the bridge that has carried him over. But surely, when he doubts whether the perineal operation ever imperils the sphincter power of the bladder, he is a trifle blind to the faults of his favourite. The writer of this notice only recently had under his care at the same time two lads who had for years been suffering from inability to hold their urine as a result of perineal lithotomy. But of more interest is it to note that Mr. Harrison describes a modification of the median perineal operation, which, he says, allows the surgeon to remove with ease and safety quite large stones. This is a matter deserving of attention.

Outlines of Practical Physiology. Being a Manual for the Physiological Laboratory, including Chemical and Experimental Physiology, with reference to Practical Medicine. By WM. STIRLING, M.D., D.Sc., &c. Pp. xvi, and 309. With 142 illustrations. London: Griffin and Co. 1888.

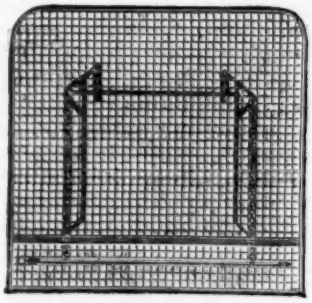
IN every centre where many students have to be practically taught a scientific subject with a limited amount of supervision, the teachers soon come to feel the necessity for a special text-book which shall embody the results of their own experience and knowledge, and at the same time avoid the endless repetition of the same questions by the junior men. This want Professor Stirling has now filled in a very excellent and complete treatise. The appearance within the last few years of a variety of manuals belonging to the same category as the one before us is a proof of the increased importance which is attached to the physiological part of the student's education in our medical schools and examinations. The reputation which Professor Stirling has won as a physiologist and a teacher has, however, made his task a difficult one, for to whom much is given of him is much required; but he has had the defects and faults of previous authors to guide him in the selection of his subjects, which has enabled him to avoid some pitfalls. The work consists of two parts, of which the first is devoted to physiological chemistry and the second to experimental physiology. In this work, as in all manuals of the same class, the subject of physiological chemistry is presented to the student in an extremely dry form, and has suffered from condensation and from the necessity of presupposing that he is ignorant of the very elements of chemistry. Professor Stirling has, indeed, imagined the reader to be so ignorant as to require a formal explanation of the action of acid and alkaline urine upon litmus paper, even after he has studied the chemical properties of such complex bodies as the muscle proteids and the carbohydrates. So far as the author has gone, however, he has condensed the chemical details well, and has maintained the reputation of the Manchester School for thoroughness and accuracy in physiological as well as in other departments of chemistry. Here and there he might have rendered the explanation of chemical processes clearer by entering into greater detail—as, for example, in regard to the subjects of emulsification and saponification, which are not in any part of the work clearly defined. So, again, glycogen in form of powder will hardly be satisfactorily obtained if the student follows the somewhat meagre directions given, and indol cannot be said to be the cause of the disagreeable odour evolved during pancreatic digestion. For the second or purely physiological portion of Professor Stirling's book we have nothing but praise to give. It is thoroughly well done, and forms an admirable epitome of physiological science so far as it is requisite for students to

pursue it by experimental research. The sections devoted to the sense of sight are especially full and interesting, and are well deserving of study. The illustrations are somewhat unequal in execution. For instance, the starch grains represented in the first figure are very roughly drawn, whilst in Fig. 3 the slit in the spectroscope should extend entirely across the aperture. The hæmin crystals in Fig. 7 are certainly not such as the student should be taught to look upon as typical examples. In Fig. 25 the execution is coarse, whilst Fig. 67 is out of drawing. These are, however, but small and easily remediable blemishes in an otherwise excellent treatise, which we can thoroughly recommend.

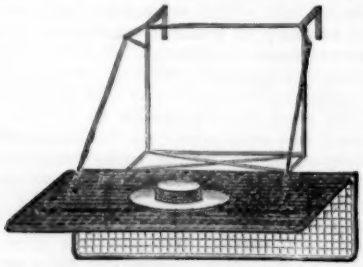
New Inventions.

AUTOMATIC FIREGUARD.

A SPECIMEN of Macmeikan's "Fireside Friend," which serves the purpose of an automatic fireguard and dumb waiter, has been submitted to us. The device appears to be at once ingenious, elegant, and useful. The illustrations give a fair idea of the modification of which the apparatus is susceptible. The guard is also made of another and larger pattern, in which it may be used as a folding fire



screen. Its chief advantages seem to be that (1) it is easily fixed on any grate by hooks, similar to ordinary fireguards; (2) it can be removed and placed upon the floor without risk of soiling the carpet; (3) by a slight movement of the foot the guard can be brought to a horizontal position, so as not to shield the fire; (4) it need not be removed to supply fuel



or attend the fire, but simply requires to be brought to the horizontal position as before described; (5) it lends itself conveniently to summer decorations by means of flowers, ferns, &c. The invention will undoubtedly be useful in nurseries and sick rooms, and may be obtained of John A. Macmeikan, 2, Short-street, Finsbury-pavement, E.C.

LONDON HOSPITAL.—Princess Christian paid a visit to this hospital on the afternoon of Feb. 25th, and walked through several wards and to the Nursing Home. Her Royal Highness spoke to some of the patients as she passed through the wards.

"THE TEACHING OF OUR NURSES."

To the Editors of THE LANCET.

SIRS,—Recently you published a letter from Dr. Allchin in which he comments in somewhat strong language on certain lectures delivered before the members of the Midwives' Institute and Trained Nurses' Club. Although I am not personally referred to by him, yet, as I have had the honour of lecturing before the members of this excellent institute, and as I take great interest in its welfare, I think I am within my rights in replying to some of the comments.

In this letter Dr. Allchin charges the medical men who have had these lectures reported in *Nursing Notes* with "advertising" (meaning, I suppose, placing their names prominently before the general public), and considers that the recent resolution of the Royal Colleges applies to their case. Now, the resolution distinctly limits itself to "journals professing to supply medical knowledge to the general public," and *Nursing Notes* in its issue of December, 1887, states that "it is not the intention of the editors to attempt to render this paper *popular* with the general reader. The topics treated of in *Nursing Notes* can never be suitable for any but women devoted to nursing the sick." Now, I do not think I shall be opposing myself to the opinions of *many* medical men when I state that, at any rate within the limits of time mentioned by Dr. Allchin (fifteen years), midwives and nurses have ceased to be charwomen, and have become as a body a well-trained and highly important branch of the medical profession, and, that being allowed, there can be no further objection to *Nursing Notes* publishing lectures delivered before the members of the Club mentioned, for the benefit of those nurses who have not been able to be present at the lectures.

As regards the subjects of the lectures, Dr. Allchin probably has allowed the fact of the Club being composed of midwives as well as nurses to escape his mind when he criticises them, but I should have thought that pneumonia would have been included in every course of nursing lectures, nursing being such a very important factor in the treatment. Nor can I think he quite means what his words imply, that nurses who are every day in contact with cases of pneumonia should know nothing about the disease itself. How can nurses be expected to carry out intelligently the prescribed treatment, and note the onset or occurrence of complications, without some previous training? and for this training it is, of course, necessary that there should be some instruction in the "fundamental ..... structure and actions of the organs concerned." This is, I know, carried out in the teaching of the nurses of one of the great London hospitals, and I cannot understand how any lectures to nurses could be comprehended by them without this instruction. In my own lectures before the institution in question I have taken care to preface my remarks by a sketch of the parts concerned. I do not see how there can be any question as to whether nurses should also be doctors. Nursing requires too much special knowledge and training to leave time for nurses acquiring more than the rudiments of the knowledge requisite to be a doctor, and the more experienced a nurse is the more she knows how incompetent she is to take the doctor's place. A nurse such as the one criticised by Dr. Allchin for a question relative to the treatment of pulmonary embolism would be very unlikely to recognise that complication when it *did* occur, and even then, in common humanity, being the only person present who knew the extreme gravity of the case, should she not do what she could to prolong the life of her charge till the arrival of the medical man, who himself could do no more and no less? The other question he quotes shows, I consider, simply an inquiring and thoughtful mind, and as such I would have thought should be encouraged. Does not a nurse recognise and follow the strictest medical etiquette, and is she not constantly in a position where, by ignoring such, she would make it very disagreeable for the doctor, and perhaps lose him his patient, let alone the results to herself? A remark made to me with reference to Dr. Allchin's last paragraph is, I think, apposite: "That cooks have already been so over-trained that they have become very expensive articles, and command a much better wage than many a hospital sister."

I am, Sirs, yours faithfully,

Queen's-crescent, N.W., Feb. 21st, 1888. F. R. HUMPHREYS.

P.S.—The paper itself is only to be obtained from the Editor, 15, Buckingham-street, Strand, unlike most other medical journals.—F.R.H.

THE LANCET.

LONDON: SATURDAY, MARCH 3, 1888.

WE are pleased to be able to announce that a Royal Commission will be appointed to inquire into the questions of degrees for London medical students and of the necessity for the consolidation of higher education in London. The two questions, although apparently distinct, have, partly from their professional aspects in relation to medicine, a very important bearing on each other. The medical schools of London must obviously have a full representation in any scheme for higher education in London which deals with professional curricula and degrees. On the other hand, no scheme which ignores the professional teaching in London can remedy the recognised injustice to London medical students from which they now suffer, having regard to the privileges accorded to Scotch, Irish, and provincial students. We hope that the Royal Commission will be a small one, thoroughly representative, and will not include members of any of the Senates or Councils of the petitioning bodies, or of the universities or corporations who have prayed that they may be heard by the Privy Council. There are so many urgent and delicate points to be considered that the constitution of a Royal Commission must be a very important factor in the solution of this complicated question. If the Royal Commission be too large in numbers the inquiry is sure to become tedious and desultory, and its recommendations will not present the unanimity necessary to secure the support either of the medical profession or of those interested in promoting higher education in London. Further advantages of a *small* Commission will be that a definite conclusion as to the competing schemes for a Royal Charter will be attained all the more quickly, and that all the interests involved can be thoroughly represented before it. There is, too, this advantage in a Royal Commission over an inquiry before the Privy Council that the bodies who have petitioned in various forms either with regard to the formation of a Teaching University in London or against the scheme of the Royal Colleges of Physicians of London and Surgeons of England can be heard by any representative instead of by counsel. This will much facilitate the inquiry, and the points in dispute concerning each body will be set forth by those who are best acquainted with their bearings. We are therefore pleased to know that Her Majesty's ministers will comply with what is a unanimous request on the part of the medical profession; this course will shorten the necessary inquiry, and the result will most probably be accepted on all hands as satisfactory. We trust that, after the commencement of the sittings of the Commissioners next month, as little delay as possible will occur before they find their way to some recommendations, and that the executive government will quickly act thereon. It is not too much to say that higher education in London is suffering from the known antagonism of the two large Colleges (University and King's) to the present University of London, which latter body cannot insist on a curriculum or place of study, or lay down any definite regulations for study in Laws, Arts, or Science. Its regulations in Medicine, even, have been shown to be inefficient by the Visitors from the General Medical Council.

The scheme of the Royal Colleges of Physicians and Surgeons proposes simply and purely to confer a degree on those who have passed the qualifying examinations for these two bodies. It rests for a large amount of support on the teachers in the metropolitan medical schools, many of whom signed a petition in favour of the power of granting degrees in Medicine and Surgery being conferred on the two Royal Colleges; nevertheless, in their Draft Charter presented to the Privy Council, there is no provision that the candidates for their degrees shall have been educated for any period whatever in London; that their preliminary examination in Arts shall be more stringent than that at present required for any qualification—e.g., Second Class of Second Division of the College of Preceptors or the Apothecaries' Hall examination passed in instalments; or that they possess an adequate knowledge of Biology; and these omissions must materially affect the attitude of the metropolitan teachers towards the scheme of the Royal Colleges.

The Draft Charter presented by University and King's Colleges is directly antagonistic to the position assumed by the Senate of the University of London, and demands that the latter body shall take up the *rôle* of the Imperial Examining Board, and shall not fetter the action of its most important London Colleges now that they desire to follow the lead of Owens College and develop into a true Teaching University. Inasmuch as the Royal Colleges have declined to support any movement in favour of such a Teaching University and of the advantages which such a University would confer on academical education in London, it behoves the medical schools to seriously consider whether they will join in such a movement with the teachers in Arts, Sciences, and Laws in the metropolis, or will support the request for conferring degrees on those medical students who will pass or may have passed the qualifying examinations only for the Conjoint Examining Board in England. It must be clearly understood by them that in the latter case every University in Great Britain, except the University of London, is opposing the application of the Royal Colleges, and that the Scotch and Irish Colleges are asking for similar powers to grant degrees. There can be no question that, provided the medical schools be adequately represented on the proposed Teaching University for London, their best interests would be served. In some respects it would be better that they should be indirectly represented through the Royal Colleges of Physicians and Surgeons, as thereby the supporters of the petitions of the Albert University and of the Royal Colleges might be placed in accord, but we should prefer that University and King's Colleges might see their way to so modify their Draft Charter that the recognised medical schools in London might feel that they would be adequately and directly represented in the proposal of those two Colleges. We hope that the demands of other faculties—Arts, Sciences, and Laws—will not interfere with the due representation of the schools of medicine (some of them of more importance than either of these Colleges) in what would be a great advantage in London—

a new Teaching University with complete faculties in Arts, Laws, Science, and Medicine.

THERE is a general impression that times are very hard with medical men. Ours has never been considered a rich or lucrative calling, but, as a set off, it has been thought that medical men could always contrive to make ends meet; that with them, as with ROBERT LEVETT,

> "The modest wants of every day
> The toil of every day supplied."

Even this is no longer conceded without question, and some critics go so far as to say that the run of medical men live and die very impecuniously. It is not difficult to believe this pessimistic account, and there are many facts which lend a plausibility to it. The methods of touting for practice by small handbills, left at every house, after the manner of quack doctors in the olden time, is very suggestive. It is not conceivable that members of a proud and liberal profession would resort to means so vulgar and so contrary to every tradition without the pressure of circumstances and of competition. These methods, too, are very contagious; they are apt to spread from one individual to a neighbourhood, and from men with the lowest qualifications to men with higher ones. Such transgressors not only lower themselves—they demoralise the public, and disable it in the matter of estimating medical services, so that there are whole districts in which medical men are lightly esteemed. Another injurious factor in the case is the prevalence of indiscriminate medical charity, by which the wage-earning class, and not they alone, are taught to regard medical men as public servants, to be ordered and summoned at any hour, night or day, as if they were paid by the State or under some divine compulsion to labour without reward, or had the means of living direct from heaven. It is difficult to say whether this system or the cheap dispensary system has most to do with the fact that working men, who would spurn to take their bread or their clothes for nothing, will take the services of a medical man and his medicines without thought of payment or of the ordeal of pains and patience by which the doctor has attained to a knowledge of his profession. Some think that the doctoring of people at prices for which a respectable druggist would not give a mixture is more injurious than the absolutely gratuitous system. We need not stay to decide this question. The rush of young men into the profession, too, is another fact to be remembered. There are, on an average, 1162 additions yearly to the Medical Register, as against the average death of 588 members of the profession, or a yearly surplus of 574, who are to find employment in a community yearly rendered more healthy and independent of the profession by the very efforts of the profession itself. Such are a few of the facts in the state of medicine which give plausibility to the statement that medical men are, in a financial sense, unprosperous. A writer (himself a medical man) in a recent provincial paper, in the course of a correspondence headed "What are things coming to?" has said that medical men, as a rule, die insolvent. We are unwilling to believe that such a conclusion would be justified by a broad view of the facts. It is, indeed, difficult to get broad views or trustworthy information on such a delicate matter. The poverty of medical men is not paraded; it does not necessarily become public. If they fail in the race of life, it is not a failure likely to be announced in public statistics. We cannot gather that there is any amount of financial failure disproportionate to that of other professions. The reports of the Board of Trade do not give much prominence or publicity to the failures of medical men, owing to the comparatively small number of them. We learn on good authority that the numbers of such failures in the years 1886 and 1887 respectively were 22 and 26—say barely at the rate of 1 in 1000. But we should make a great mistake if we took such a guide as reliable in such a question. The experience of medical men, the pitiful appeals in our own columns and those of our contemporaries, and the reports of our benevolent societies, prove that the struggle for an adequate income is an arduous one and often unsuccessful, even in the case of men whose character and labours deserve a better fate.

What can we say in mitigation of such a conclusion? And what can we suggest in the way of remedy? One thing is to be remembered—that we are not singular. It would be difficult to find a profession or even a business that is not overstocked. Barristers and solicitors are in the same condition, and tell pitiful tales of the rarity of briefs and the smallness of fees. In all commercial branches of life the same holds true. The public itself is poor just now, and allowance must be made for this. The income of many has been reduced by half, and the work of the wage-earning class has been short. It is not remarkable that a profession which has always been paid last and least should have felt the depression more than others which take better care of themselves. There is an impression that we are on the eve of better times. It is to be hoped that medical men of all classes, while abating nothing of that humanity and kindness which have characterised the profession, will insist on a sounder recognition of their rights, and will assert their claims more confidently. It is certain that the remedy rests mainly with the profession itself. Neither Parliament nor the Medical Council can help us much. The public will take medical men at their own valuation. If sixpence is their charge, they will be called sixpenny doctors, and will deserve to be called so. But such charges will be identified rather with a low style of practice and an inferior quality of drugs than with the great profession whose members have commanded the veneration and respect of mankind. But though the remedy rests largely with ourselves, medical men have a right to expect help from those in charge of medical charities. Charity must never fail, especially in its medical forms; but it must be sound, real charity, and the spurious, pauper-making abuses of it must cease. These have unintentionally done much to injure both the poor and the profession. It is a most cruel wrong that medical charities, worked by medical men gratuitously, should be used to injure the medical body. Hospitals will be infinitely raised in their character by being reserved for the use of those in whose cases great sickness and poverty meet.

ON June 19th, 1843, Lord Chief Justice TINDALL read to the House of Lords the answers to certain questions relating to the criminal responsibility of the insane and what constituted it, which had been submitted to the judges for their

consideration. These questions were suggested, as is well known, by the trial of MACNAUGHTEN. With one exception —Mr. Justice MAULE—the opinion of the judicial bench was a unanimous one. The chief conclusions arrived at and formally set forth in the answers were:—(1) That although delusions might be taken as the indication of insanity, they could not be accepted as a legal justification of crime, or rather as the measure of irresponsibility; and (2) that before a valid defence could be established it must be shown that the accused at the time when the offence was committed must have been unable to distinguish between right and wrong—that is, to understand the nature of his acts. This was a step in a backward direction, for previously ERSKINE had argued against the unscientific and crude dicta which guided the judges in their summings-up to juries empanelled to try capital crimes, and others of a like though less sericus nature. For a time ERSKINE'S expositions had considerable weight, and were the means of ensuring a fairly rational application of medical knowledge to the administration of justice; but soon the old leaven of judicial ignorance of matters, physiological and pathological, reasserted itself, until it culminated in the report of the fourteen judges, which up to the present day has been accepted as the settled and final interpretation of the law on the question of the criminal responsibility of the insane. Any doubt on this head would have been dispelled by the ruling of Mr. Justice FIELD at the late Taunton Assizes, where ERNNEST WILLIAM VERNON HITCHINS, aged twenty-one, was tried for the wilful murder of his sister CONSTANCE MARY. The facts of the case were ably and fairly set forth by the Counsel for the prosecution, and, indeed, they were not contested by the defence. The accused was an epileptic, and had been so from his youth up. His intellect had clearly undergone a very limited development, for with the exception of two or three years' service at sea, during which time he seems to have been dull both in inception and action, he had followed no particular occupation, but had lived with his parents, gradually becoming more and more confirmed in his mental affliction. The gravity of his condition was emphasised by the fact that at the time of his birth his mother was under restraint in an asylum. On the whole, he appears to have been good-natured and tractable, but there were occasional outbursts of excitement and rage, associated or alternating with his epileptic seizures. The evidence went to show that he considered himself ill-used by his sister CONSTANCE. On the evening before the murder he seemed more restless and unsociable than usual, declining to join his family in a game of cards, and refusing to accompany a friend to whom he was attached in a walk. Even at this time he clearly entertained the idea of taking his sister's life, for he was observed to be writing something on a slip of paper, which was found in his pocket after the murder. That something was the following tragic epistle: "I leave everything that belongs to me to my dear mother. I have been treated so badly by that beast, my sister CONSTANCE, that I must put an end to her life by shooting; and knowing that I shall have to die for it, I also shoot myself," &c. He carried this determination into action on the following morning. Having partaken of breakfast, he possessed himself of his father's gun and some cartridges, and repaired to his sister's bedroom, where he shot her dead and attempted to take his own life, both by shooting and throwing himself downstairs.

At the trial several experts in alienism were called *to give an opinion* as to the probable state of the prisoner's mind before, during, and after the fatal deed. Besides criticising unfavourably the mode of the medical examination of the prisoner, the judge ruled with some warmth of feeling that it was not admissible for counsel to elicit the opinions of the doctors upon the mental condition of the accused, as that was a question entirely for the jury to decide. His lordship's summing-up, if correctly reported, was strongly in favour of conviction on the capital count. Fortunately, as we think, on the grounds of judicial equity, the jury adopted the arguments advanced in the defence, and returned a verdict of "Wilful murder whilst in a state of unsound mind." We will not go so far as to say that Mr. Justice FIELD'S direction was not a warrantable interpretation of the common law; but, judged by the criteria of common sense and medical knowledge, it could not have been well wider of the mark. We do not dispute for one moment that the prisoner showed "malice aforethought," or that he knew the nature of the act he subsequently committed. His intellect was probably not so impaired as to prevent his knowing the difference between right and wrong, but it was warped and ill-regulated. "Will is action under conscious motive," and that young HITCHINS willed to kill his sister cannot be denied. This much we concede to the learned judge, whom we pity for the plight in which he found himself involved by the criminal law, but we strenuously join issue with his lordship on the question of the admissibility of the evidence of medical experts in matter of opinion. Surely a legally qualified practitioner of ripe experience in the study and treatment of insanity is better qualified to judge of the mental condition of a prisoner than two or more laymen, however well versed they may be in matters of sociology and what is conventionally known as every-day life. We are not contesting the point that the ultimate decision must be formed by the jury; but that decision ought to be guided by the *opinions* of scientifically competent men. If not, where is the value of medical evidence in such cases as the one under review? Taken alone, of what value are the *facts* that an alienist is able to furnish? It has been said that every statement of fact is more or less one of opinion; or in other words, statements of facts are really inferences. It is not necessary, however, to adopt this proposition to enhance the cogency of our argument, which is that medical men, and medical men alone, constitute a just and proper jury to solve the question of a fellow-creature's sanity.

It seems almost useless to insist further on the utter inconsistency of the law with the teachings of psychological medicine, for nothing—not even the life or death of a human being—appears capable of moving a torpid Legislature to amend what we may appropriately describe as a merciless law. Nevertheless, we take the liberty of asking our legislators whether they are too callous or too indifferent to take up arms against this crying iniquity. No words of ours can add to the eloquent appeals that Medicine has made to Law to lend an ear whilst she inculcates the truth that, though a man may commit a murder apparently

in cold blood, and certainly with premeditation and with a knowledge of right and wrong, yet he may be wholly irresponsible for the act. "Impulsive insanity" is no mere product of the imagination, but an ideal representation of a really diseased and disordered brain. At one time the explosion of nerve force causes a more or less general spasm of the muscles: at another an inward perturbation of the feelings and emotions; and at another a violent and uncontrollable impulse to the commission of crime, with or without manifest or expressed delusions. Reverting to the case of HITCHINS, we would briefly remark that the evidence of his intellectual insanity lay in the fact that he distorted and misconstrued his sister's conduct towards him, magnifying her supposed offence into a crime only to be expiated by death.

IN the beginning of the present century the opponents of vaccination endeavoured to prevent the adoption of this method of avoiding small-pox by circulating pictures and stories supposed to represent the effects of the introduction of the vaccine virus. Children were said to have had horns grow from their heads shortly after vaccination, and in other respects to have acquired resemblance to the animal from which the lymph was originally taken. The weapons now used by the anti-vaccinationists are different, and are indeed, more difficult to contend against. They rely mainly on the use of statistics that few have either time or opportunity to examine. Hence statements are made which are left uncontradicted, and these doubtless have their effect upon a large number of people who would not otherwise have any antipathy to vaccination itself. The medical profession are, perhaps, somewhat to blame for thus allowing the opponents of vaccination so free a hand. Conscious themselves of the value of the operation as a means of protection against small-pox, they have not recognised the growth of a distrust which has in late years certainly gained ground. Statements of a statistical kind are made by anti-vaccinationists, the official records of deaths are not available for many medical men, and the result is that the stories told come to be accepted as truth, sometimes even by the leading anti-vaccinationists themselves. Often, indeed, the authorities from which the statistics are obtained are not given, and nothing but a prolonged and careful study of anti-vaccination literature enables the error to be detected and traced to its source.

In an admirable work which has recently been published, Dr. JOHN C. MCVAIL of Kilmarnock has undertaken this duty, and has shown not only the fallacies of the anti-vaccinationist statements, but often the manner in which they have themselves been misled. This in itself is not only interesting, but important, for it explains the circumstances under which some well-intentioned persons, who cannot be credited with ignorance, have themselves been led to condemn vaccination as useless and mischievous. Curiously, however, the willingness to accept as accurate the statement of one of their allies has been accompanied by additions to the story, until it sometimes assumes proportions which are sure to attract the attention of a careful reader such as Dr. MCVAIL. Thus it is sufficient for one writer to address a letter to the Registrar-General, for another to quote the statements therein as extracted from the official reports, while a third does not hesitate to accept this as fact, but further manipulates the figures so that the deaths from small-pox during three years serve for one year. So Dr. MCVAIL traces the fabrication "from the egg to the tadpole, and from the tadpole to the toad."

There is no doubt that this work was much needed. Medical officers of health and others interested in the prevention of small-pox will gladly avail themselves of this opportunity for checking the accuracy of the statistics which are quoted against vaccination, while statesmen will better understand the value of the arguments with which they are often plied. The book, indeed, serves to demonstrate the recklessness of those who are not too particular as to the means to which they resort for the abolition of a law which is distasteful to them. This is characteristic of anti-vaccinationists generally, and even Dr. WALLACE, of whom better things might be expected, has made no proper effort to guard himself against similar accusations. In some respects he is to be pitied, for he has himself been misled by writers with whose "facts" he has allowed himself to be satisfied. He cannot, however, altogether escape condemnation, and Dr. MCVAIL very properly exposes his construction of a diagram of small-pox prevalence, which is, to say the least, very misleading. We shall await with some interest the course he will adopt now that Dr. MCVAIL has made the truth more accessible to him. It is due to himself that he should not leave the matter where it is, but should endeavour to vindicate his position or withdraw his support from those whose teachings have brought death into many a home.

Annotations.

"Ne quid nimis."

THE HOUSE OF LORDS AND THE SWEATING SYSTEM.

THE report we published on May 3rd, 1884, describing the "sweaters'" dens among the Polish colony of Jew tailors in the East-end of London, has borne good fruit. It was immediately followed by numerous meetings. The Jewish Board of Guardians thereupon took action in the matter, and last month the secretary of their Sanitary Committee, Mr. D. F. Schloss, read a paper on the "sweating" system before the Society of Arts, which we noticed at the time. Mr. John Burnett was no sooner appointed to the Labour Bureau recently instituted at the Board of Trade than he also took up the question, and his masterly report on the subject has justly attracted great attention. This is no new problem, and, as it has been remarked over and over again, it was well ventilated when Canon Kingsley wrote "Alton Locke," and Tom Hood the "Song of the Shirt." But as the Chartist movement died out, and the depression and distress of "the forties" were forgotten, so the old grievance disappeared, drowned in a sea of prosperity due to the discovery of new gold fields and the introduction of modern machinery. The effect of these innovations has now had time to wear off, and once more society finds itself confronted by the grim spectre of want and starvation. The general distress naturally told more cruelly on the "sweaters'" victims, a fact to which we were the first to call attention. In reports on fever among West-end tailors and on the contamination of uniforms provided to the British Army, we showed the great danger of allowing home work in the tailoring trades. Our Commissioner then travelled eastwards, and his heartrending description of the sweating

dens among the Polish Jews started the agitation, which has culminated in the appointment of a Royal Commission of Inquiry by the House of Lords. This was preceded by a very interesting debate, in which it was recognised on all sides that the law was evaded, and the inspectors under the Factory Act could not cope with the evil. This is what we have all along insisted upon. The Archbishop of Canterbury almost quoted our words when he described how the approach of the inspector was signaled and preparations made to receive him. The Earl of Onslow, by alluding to what he termed domestic workshops, raised the whole question of home work on which our Commissioner insisted very forcibly in his report on the Contamination of Army Clothing. In fact, the moral deduced from the investigations we were the first to undertake and to lay before the public pervaded the entire debate; and it is satisfactory to note that our efforts have not been in vain.

THE UNIVERSITY OF LONDON.

A MEETING of Convocation of the University of London will be held on Tuesday next (6th inst.), for the purpose of nominating "a list of three persons to be submitted to Her Majesty for the selection therefrom of a Fellow of the University." The candidates for this nomination to the Senate are Messrs. James Anstie, B.A., Q.C.; Edward Henry Busk, M.A., LL.B.; and Henry Arthur Nesbitt, M.A. The first-named has received the largest number of nominations, but every member of Convocation is entitled to vote for each candidate. The agenda paper is full of notices of motion, of which perhaps the most important is one by J. B. Benson, LL.D., who will move for the reference to a special committee of the schemes of the Senate and Convocation reconstituting the University and that of the proposed Albert University, to determine "the extent to which the functions of the two Universities would be identical and competitive, and the extent to which they would be distinct," with the object of suggesting some plan whereby the University of London could fulfil the requirements of the proposed new University. A resolution disapproving of the action taken by the Senate with respect to the scheme of the Royal Colleges of Physicians and Surgeons is also on the agenda paper.

THE MONOPOLY OF ANTIPYRIN.

A PARIS Medical Society, some of whose members are pharmacists, has been discussing the question of the sale of antipyrin, of which a German chemist, Dr. Knorr, has the monopoly. The conclusion adopted was that, as the substance dimethyl-oxiquinisin has been known since 1884—i.e., since before the name "antipyrin" was registered in France,—and as the process of its manufacture is perfectly familiar to chemists, it is open to pharmacists to dispense dimethyl-oxiquinisin prepared in France when "antipyrin" is prescribed. It was also remarked that the substance in question is exclusively used for medicinal purposes, and that according to French law medicines may not be patented. Considering the high price of antipyrin (an ordinary dose of which costs wholesale about 3*d*.), and the consequent impossibility of using it as freely as might otherwise be done amongst poor patients, who are quite as subject to neuralgia, migraine, and other affections, over which antipyrin exerts a beneficial effect, as the wealthier classes, it is much to be desired that it should be more cheaply obtainable. A statement was made in a German journal some time ago that a cheaper method of preparing it had been discovered, but we have seen no more of this. Of course, if part of the high price of the drug is really only due to the monopoly of Dr. Knorr and to the name "antipyrin," some enterprising English or French chemist may perhaps put himself in a position to supply the same article, under its chemical or some other less formidable name, at a lower price than 3*s*. 6*d*. or 4*s*. an ounce, which is that at which antipyrin is now quoted.

LONDON GOVERNMENT.

A BILL has been introduced by Lord Henry Bruce which suggests a somewhat unusual remedy for metropolitan sanitary authorities who neglect to put in force the powers with which they are invested, so as to secure the proper sanitary condition of all premises within their district. It is proposed that the Local Government Board should be required to hold an inquiry as to whether a local authority has failed to do its duty, whenever six ratepayers make a representation to this effect. The Board would be empowered, if the representation is well founded, to dissolve the defaulting local authority, and direct a fresh election of members. In the new election old members would not be eligible unless they were individually allowed by the Board. A further clause proposes to make it compulsory on local authorities to adopt regulations for houses let in lodgings, while others relate to powers of inspection of cellar dwellings, and compensation for houses demolished under Lord Cross's Acts. It is impossible to predict the amount of probable success that may attend the Bill, but although it may never become law it will serve to illustrate the growing feeling that sanitary authorities should be compelled to put into effect the powers with which they are endowed. The feeling of dissatisfaction with present London administration finds expression in another form in the Metropolis Local Government Bill which has been introduced by Mr. Isaacs. The Bill proposes to divide London into thirteen municipal boroughs, and to give to each a mayor, aldermen, and burgesses, the mayor of the City of London to retain the title of Lord Mayor. A metropolitan municipal council is also to be constituted, to consist of a chairman, who is to be Lord Mayor, the mayor of each borough, and members elected by the different boroughs. The municipal council would have conferred upon it the duties now performed by the Metropolitan Board of Works, and they may add to these further powers relating to street conveyances, police, gas, and water. The question may be asked, whether this system will do more than constitute enlarged vestries of the same kind as are now in existence. One of the chief objects in a change of London government is to make the administration of sufficient dignity and importance to engage the services of a better class of citizens than now control local affairs. It is doubtful if Mr. Isaacs' Bill would do more than alter the name of churchwarden into mayor, and of vestryman into alderman and councillor, while the method of indirect representation on the Central Council would be partially maintained. The Bill is evidently intended to reserve for the City a position distinct from that of other districts, and the Lord Mayor would still be elected from the residents in a small area instead of from the whole of London.

BELGIAN PRIESTS AS PRACTITIONERS.

OUR Belgian *confrères* are complaining through the press of the amount of illicit practice that is being carried on in country districts by people of all sorts, especially by the parish priests, some of whom, it is declared, make quite a business of doctoring people for miles round, dispensing bottles of medicine containing ipecacuanha, tartar emetic, arsenic, and other powerful drugs, and taking payment—one, two, or more francs per consultation. One of these curés had, says a correspondent of *Le Scalpel*, the effrontery to ask him to procure for him "some tartar emetic powders for children with croup." According to the *Le Scalpel* correspondents, not only have the bishops been appealed to in vain to prevent this illegal action of their curés, but the local medical authorities, who of course are dependent upon

the suffrages of the public, have been informed of these illegal practices, though the members are so afraid of exciting the adverse influence of the priests at election time that complaints are never attended to. Of course an individual country practitioner in Belgium is usually much too dependent upon the goodwill of his neighbours to venture to lift up his voice in protest; were he to do so, he would probably find himself shortly on the road to starvation.

DANGER OF "BUMPING RACES."

THE fatal accident which has occurred at Cambridge during the Lent Term races draws attention to the danger that may arise from the sharp-ended prow of the pursuing boat being driven into the one in front of it, and injuring the members of the crew. Although this is happily the first fatal accident caused in this manner, still many casualties, some of them of severe character, have often occurred before, giving, as it were, a warning of what would one day happen. Within our personal experience we know of three accidents of this kind. In one the prow of a boat grazed the intercostal muscles of one of the contending crew, inflicting a serious wound in the flank. In another the prow just missed entering the abdomen of a rower, who received a severe blow from its edge as it glanced by him over the region of the liver, of which he felt the effect for some time. In the third instance the prow fortunately struck the outrigger of the injured man's seat, thus lifting the prow, which otherwise would have gone direct into his chest; as it was, the keel passed across the abdomen with such violence that peritonitis ensued. To non-rowing men it would naturally appear that the coxswain of the pursuing boat is to blame, but this is hardly the case. In the first place, it would be impossible to stop a racing eight in full career, so as to prevent the boat from running into the one just ahead which has suddenly stopped. In the next place, the coxswain's attention is not necessarily directed to the boat in front of him, unless he is going to make an immediate "bump," but to the pursuing boat. Here the art of a good coxswain can often avert a "bump"—that is, being touched by the pursuing boat—either by giving it "wash," or else by tempting the coxswain in it to make a "shot," which, if missed, gives the pursued another chance of getting away, whilst the pursuer under the rudder loses way—fortunate if it escapes running into the bank or falling a victim in its turn to the boat following it. This is what seems to have happened at Cambridge. The boat in front, Clare, had bumped Queen's at First Post Corner, just at the entrance of the most narrow part of the river, known as "The Gut." These two boats, therefore, drew on one side to clear the path for the following boats; these were Trinity Hall and Emmanuel. Now the former had no chance of making a "bump," as the boat in front was withdrawn, so all the coxswain in the Trinity Hall boat had to do was to try to escape from the boat behind him, which was pressing him hard; all his attention seems to have been directed to this point, and by giving his adversary his "wash" he hoped to shake him off; this brought him over to the side of the river where the two boats whose crews had stopped rowing had drawn up, and, as has often happened when similar manœuvres have been tried, he went hard towards the bank. The sun, too, appears to have dazzled his eyes, and it seems that, owing to the necessity of keeping constant attention on the pursuing boat, he could not avoid collision. Such accidents, as we have said, have occurred before, only, not having proved fatal, the lesson has not been taken to heart. It would therefore be wrong to make the coxswain of the Trinity Hall boat the scapegoat on this occasion. It is the system that is at fault, and "bumping races," which were first introduced in the days of the old-fashioned tubs, have, with the introduction of long narrow prows, become dangerous. The coroner proposed that these prows should be shielded, but the real remedy lies in the substitution of "time races" for "bumping races." Indeed, many rowing men are of opinion that the former, in addition to their safety, are a better test of a crew's rowing powers.

THE ANO-VESICAL CENTRE.

PROFESSOR ROSENTHAL of Vienna recently read before the Imperial Medical Society a paper upon the "Ano-vesical Centre" (*Progrès Médical*, Feb. 25th), in which he drew attention to the conflicting statements of authors upon the localisation of this important reflex centre. Some, he said, would place it below the lumbar enlargement; others above this part of the cord. Quincke, from a case of compression of the cord from fracture of the first lumbar vertebra, concluded that the centre was to be found in the so-called "nucleus of Stilling." Professor Rosenthal attributed these differences of opinion to the rarity with which uncomplicated cases occur. He then gave the history of a case at present under his care, where the symptoms described arose four years ago, after exposure to cold. These symptoms consisted in anæsthesia of the lower part of the buttocks, of the perineum, genitals, urethra, and bladder, and complete vesical and rectal paralysis. The anæsthetic area corresponded to the distribution of the nerves arising at the level of the lower sacral vertebræ, which also contain the motor nerves for the entire uro-genital system. As there was no paralysis or anæsthesia of the lower limbs, the lumbar cord could not be involved, and the absence of any motor lesions also negatived the diagnosis of disease of the sacral plexus. The case supported the view advanced by Quincke, and tended to localise this reflex centre in the "terminal cone of the spinal cord." This conclusion—unsupported in Rosenthal's case by post-mortem evidence—does not agree with the results obtained by the experimental physiologist.

THE KINGSTON NEW SEWAGE WORKS.

THE corporation of Kingston-on-Thames are to be congratulated on having boldly attempted to grapple with the question of sewage disposal. For the Thames Valley this is indeed, a vexed question; and if it has not been solved, the measures about to be adopted will, in any case, constitute a considerable improvement on the existing order of things. Twenty-five years ago the Local Sanitary Board enforced the general drainage of the town, and a main sewer, possessing a fall of four feet to the mile, was constructed, with outfall into the Thames close to the railway bridge. Four feet in the mile! How can such a sewer be self-cleansing? This, however, is another question. The sewage, *minus* the deposits it may have made on the road, reaches the Thames, and any number of schemes have been proposed to prevent its polluting the waters of our noble river. The litigations attending these various proposals have involved the corporation of Kingston in costs amounting altogether to £80,000, a fact which seems to indicate that sanitary reform is more profitable to lawyers than to hygienists. Now, however, under the energetic leadership of the present Mayor—Mr. Walter East—the corporation has determined to manage their own affairs. They have acquired possession of a considerable tract of shore land, and they are now spending £23,000 to build works which shall remain the property of the community, though they will be leased to the Native Guano or A.B.C. Company. These works will, it is said, be the largest of the kind and the most perfect existing. But we are given only scant information as to the condition of the effluent water after treatment. We are told, it is true, that fish will be able to live in the

water. This we knew before. Anyone who has watched the manœuvres of anglers on the banks of the Thames is aware that they select in preference places near to the sewer outfalls. A more scientific and a more conclusive proof of the purification of the sewage water than is afforded by the presence of fish is assuredly necessary. Nevertheless, if the sewage water is only partially purified, this is, in any case, some improvement on the actual state of affairs.

THE PHARMACY ACTS AMENDMENT BILL.

THIS Bill, practically the same as last year, has been again introduced. On this occasion it appears in the House of Lords, with the name of the Earl of Milltown. The chief purpose of the Bill seems to be to give power to the Council of the Pharmaceutical Society to make such bye-laws as will regulate more effectually the curriculum of study to be required of those who seek to be registered under the Pharmacy Acts. There is nothing in the Bill which alters the well-defined line between the study and the rights of those registered under these Acts and those registered under the Medical Acts. We think the Pharmaceutical Society is right in asking for more powers to regulate the curriculum, which is now occasionally apt to be somewhat short and of the nature of a cramming process. We should not approve of too much interference with outside teaching, but such a Society as the Pharmaceutical Society, with its history, its plant, and its teachers, self-supported as they are almost entirely, deserves to have more power to control inferior teaching. No change in the curriculum in this Bill would come into force before 1893, or without the assent of the Privy Council.

IRISH FISHERY.

THE Second Report of the Royal Commission on Irish Public Works is probably one of the most striking documents that have been presented to Parliament for many years. Rarely nowadays do we hear of any industry that, instead of being overcrowded, is perishing of sheer neglect, or which woos capital in vain with all the attractions of philanthropy capable of returning 5 per cent. Yet such seems to be the present plight of the deep-sea fishery upon the west coast of Ireland. In 1846 this industry employed 19,883 vessels, manned by 113,073 men and boys; whereas, in 1886, after an interval of forty years, the numbers had fallen off to 5683 vessels, manned by 21,482 men and boys. And this falling off is not attributable to any change in the habits of the fish or the condition of the fishing grounds. On the contrary, the fish come to be caught as heretofore, and presumably in the absence of the fishermen they must have recourse to the unsatisfactory expedient of eating one another. Here is what Sir Thomas Brady told the Commissioners: "The old Irishmen up to 1830, and even later, who knew all the banks round the coast and how to sail vessels, have died out, and the present generation, to a great extent, are deplorably ignorant, and, having got into the system of fishing from open boats within a short distance from the shore, could not handle a sailing craft such as is at present used in any deep-sea fishing. The boats now used on the west coast—and in most places, indeed, round the whole coast, save where deep-sea fishing has been vigorously prosecuted of late years, such as from Baltimore, Kinsale, &c.—are not fit to go any distance from the land, except on rare occasions. When they do succeed in getting to the fishing banks, perhaps fifteen to twenty miles from the land, they are loaded with fish in a few hours—so much so, that sometimes they are not able to bring all to shore, and have to throw a quantity overboard." It is, however, not only in the capture of fish that the west coast Irishmen are remiss. "It is a remarkable fact," say the Commissioners, "that there are practically no curing establishments in Ireland. ..... In consequence of this state of things, when the take of herring or mackerel is abundant no adequate market exists at the time for fresh fish; great waste and depression of prices therefore takes place, quantities of fish being sometimes thrown into the sea or used as manure." The same point was made by the late Mr. Blake, M.P., even more forcefully. "Notwithstanding," said he, "the vast quantity of fish round the coast of Ireland, there is about £200,000 worth at least of cured fish brought into Ireland, which might be all caught on the Irish coast and cured if there were means for it. ..... I may refer to the Artane Industrial School, in the neighbourhood of Dublin; and I was there a short time ago, and inquired how the boys were fed. They said the greater part were Roman Catholics, and were fed on fish on Fridays. I said, 'Where do you get the fish from?' The answer was 'Great Grimsby.'" It is of course very possible that it pays Irishmen to import their fish in exchange for other products of their industry, but on no principle of political economy can it be other than a lamentable waste of precious opportunity that shoals of wholesome and nutritious food which visit our shores should be suffered to float away again to sea, or be taken only to be little better than wasted on land for want of a little well-directed enterprise in taking them and utilising them when taken.

URTICARIA PIGMENTOSA.

IN an elaborate monograph on this disease, containing an exhaustive analysis of previously recorded and several new cases, and some interesting chromo-lithographs, Dr. Paul Raymond discusses a disease of much interest, first studied in England. This affection of early infancy is characterised by urticarial eruptions succeeded by raised or flat patches of a brown colour. It has a variable duration, averaging about ten years, and the author thinks it allied to urticaria, but differing very distinctly clinically and in its pathological anatomy. He concludes that it is a special angio-neurosis, marked by a vaso-motor hyper-excitability, and an independent dystrophy or tropho-neurosis of the dermis, ending in the formation of the peculiar cells described as "mastzellen." The peculiar and characteristic colouring of the eruption, which is so interesting a feature, is thought to be due to the accumulation of "mastzellen" and superadded elements, and secondarily to hematin crystals and pigmentation of the lowest cells of the epidermis.

RECREATIVE EVENING SCHOOLS.

LAST Monday a deputation, headed by Lord Derby, waited upon the Charity Commissioners to ask for assistance in establishing a system of recreative evening schools for the benefit of boys between twelve and eighteen years of age. The scheme which the deputation has at heart is a most praiseworthy one, and is somewhat imperfectly described under the above title. It aims at satisfying a long-felt want by providing a course of secondary education in evening classes to supplement that now afforded in the primary Board and voluntary schools. Its purpose, notwithstanding that it is described in terms suggestive rather of play than of work, is entirely educational. As might have been expected, special provision is made for imparting technical instruction, and an element of interest is thus introduced which ought to go far to popularise the new undertaking among those whose mental and social development it is intended to promote. The Association interested in this movement has now been two years in existence, and has already organised 110 classes in London alone, utilising for this purpose the accommodation afforded by the primary

schools. It has also extended its operations to provincial towns. The value of its efforts in thus labouring to procure for boys at a critical age the stimulus and the means of self-improvement, an occupation for leisure, a direction of energy and a prospect in life, can hardly be over-estimated. The deputation, it is satisfactory to learn, was favourably received by the Commissioners, and it may reasonably expect to receive from this source, as well as through other channels of public sympathy, material proof that the soundness of its views and practice is generally recognised.

SMALL-POX ISOLATION NEAR BRISTOL.

SEVERAL authorities, including St. George's, the Horfield, and the Stapleton Local Boards, met in Bristol last week to consider the expediency of joint action in providing a temporary small-pox hospital; but inability to agree on certain points, such as the most eligible site, has led to an adjournment of the conference. In the meantime, according to a member of the Bristol Sanitary Committee, the disease is extending, and is crossing the border into Bristol. The fact is, these sudden efforts to deal with small-pox efficiently by isolation come too late. Emergency hospitals are generally failures, even for the emergency to be dealt with; and in the case of small-pox hospitals the precautions to be taken far exceed those which are known to exist as regards other infectious hospitals. A house-to-house visitation for the purpose of securing universal vaccination and revaccination would be far more helpful, and it would give the authorities time to prepare a proper hospital for the prevention of epidemics in the future.

EXTRAORDINARY INQUEST.

ON Feb. 23rd an inquest was held at the Punch-bowl Inn, Sefton, by S. Brighouse, Esq., touching the death of James Cross, a farm labourer, aged twenty, who died somewhat suddenly on Feb. 21st. From the reported evidence it does not appear that deceased was known to have been the subject of any grave disorder; in fact, up to within a few hours of his death he seems to have been in the enjoyment of good health. At seven o'clock on the evening of the 20th Cross met a farmer named Rothwell at the Punch-bowl Tavern. Shortly after eight they repaired together in a cab to the Grapes Hotel, Thornton. They arrived there at 8.30. According to the evidence of Rothwell, the deceased man had "two Scotch whiskies," but he appeared to be sober. Suddenly someone called out in the hotel, "Cross is down." Rothwell assisted him into the cab, which had been kept waiting, and he himself got on the box seat with the driver. Upon arriving at the house of his stepfather, at 10.30 P.M., Cross was found to be insensible. He was then put to bed, but never recovered consciousness, and was found dead in bed the following morning about half-past four o'clock. No doctor was called in to see the man either before or after death—a fact which seems to us, to say the least, to have shown great want of judgment on the part of the relatives of the deceased. But it is more particularly with regard to the coroner's inquisition that we are concerned; for, if correctly informed that no post-mortem examination was made and no medical evidence taken, we do not hesitate to say that the termination of the case—viz., a record by the jury to the effect that death was due to "natural causes"—was most unsatisfactory; and we trust that the matter will be taken up, and Mr. Matthews communicated with either at the Home Office or by interrogation in the House of Commons. It is evident that a fatal issue was not anticipated by the stepfather of the deceased man, or surely he would have sought medical assistance. Moreover, there was direct testimony to the effect that it was thought the deceased would sleep off his insensibility, for he was left alone in bed and there subsequently found dead. Of course, it is quite easy to suggest a number of theories to account for the symptoms and their termination. The verdict may record the truth, as well as the opinion of the jury, but we find no evidence to warrant us in accepting it as so doing. The possibility of poisoning, accidental or otherwise, was not disproved. Men have been known to become somnolent, then insensible, and die, from a strong potion of alcohol taken without particular reason—from sheer fool-hardiness or to satisfy the terms of a wager. It is true, the witnesses called before the coroner disclosed no such motive or act, but then history sometimes repeats itself, and such things as we have just mentioned have had foundation in fact.

SUCCI, THE PROFESSIONAL FASTING MAN.

AN Italian correspondent writes:—The well-known fasting man, Signor Succi, has just arrived in Florence and presented himself to the Medico-Physical Academy there, to undergo a series of scientific tests as to how long he can with impunity subsist without food. His one object, he says, is to persuade men of science that for periods hitherto reckoned impossible he can maintain the organism, materially and morally, without nutrition, and without inflicting on the stomach any of the disturbances supposed to be consequent on famine. On March 1st he will begin his twenty-fourth fast, which will be prolonged for thirty days, under the assiduous surveillance of the Medico-Physical Society. He will practise this abstinence from food in quarters provided for him in the Royal Institute of Superior Studies, and kept specially apart from those ordinarily in use for the purposes of the Institute. The experiment will be conducted under the immediate superintendence of the Cavaliere Luciani, Professor of Physiology in the Institute, who has received from the Directorate every sanction and every facility for ensuring the *bona fides* of the ordeal. On the 31st of the month a report will be made as to the results of Signor Succi's fast.

AMERICA: PRE-HISTORIC AND PRESENT.

THIS subject, in its largest anthropological significance, will be discussed in a series of four sittings by the International Congress which meets at Berlin on Oct. 2nd next. The provisional committee, whose members are Drs. Virchow, Reiss, Bastian, von Richthofen, Voss, Olshausen, and Hellmann, held a conference on the 12th inst. with a view to arranging the order of proceedings. The Congress, it may be well to remind our readers, invites the co-operation of all who are interested in the civilisation of the New World, its inhabitants before and at the time of its discovery by Columbus, their origin or affinities, their social development, their racial differences, the introduction of domestic animals, the cultivation of food-plants, and generally the conditions which underlie the progress and expansion of the whole hemisphere. The first Congress of the kind was held at Nancy in 1875, the second at Luxembourg in 1877, the third at Brussels in 1879, the fourth at Madrid in 1881, the fifth at Copenhagen in 1883, and the sixth and latest at Turin in 1886. The considerations that decided the choice of Berlin for the next meeting were chiefly her great wealth in archæological collections illustrative of pre-historic America and the prominence of her investigators in every aspect of the physical and moral development of the new world. In the cities hitherto selected as the rendezvous of the Congress the highest dignitaries of the State have assumed its patronage, and the heir to the throne, or the nearest in rank or position to him, has filled the post of honorary president. The period of anxiety, however, through which the Imperial Court of

Germany is unhappily now passing has induced the organising committee of the approaching Congress to leave the questions of its patronage and its honorary presidentship open in the meantime; and the business transacted on the 12th inst. was chiefly limited to the appointment of working office-bearers. Dr. Reiss was elected president; Drs. Virchow and Bastian, vice-presidents; Drs. Olshausen and Hellmann, general secretaries; and Drs. Gusefeldt, Stübel-Dresden, Joest, and J. Ranke, ordinary secretaries; while Dr. Schönlauk will act as treasurer. These names amply warrant the expectation that in point of interest and solid achievement the Congress will maintain, if not enhance, the reputation of its predecessors.

A BELGIAN PHARMACIST ON DOCTORS WHO DISPENSE.

A BELGIAN medical journal publishes an indignant epistle addressed by a pharmacist to a relief committee, endeavouring to show them how improper and injurious it is to allow their medical officers to dispense medicines (as in some cases they do) for the poor. He complains that medical men do not pass through a course of study or examinations fitting them for compounding and dispensing medicine, that they are ignorant of the adulterations (*falsifications*) of drugs, and that where the same person both prescribes and dispenses there is no guarantee against error, and any mistake is sure to be undetected or hushed up, so that, in fact, paupers run a serious risk of being poisoned! Of course, the gist of all this is that the writer wishes for the appointment of dispenser. The medical man who quotes this letter says that the bureau to whom it was addressed took no notice of it, and remarks that the writer—who, by the way, sells paints, varnish, &c., as well as drugs—has evidently studied the question of *falsification* to some purpose, for in an account rendered to one relief committee he charged 70 fr. for medicines for two months for a pauper before his death, and 20 fr. more for medicines up to a date seven weeks after his death. At that rate Poor-law pharmacists must have a very superior position to Poor-law doctors.

FEVER IN LONDON.

THE number of cases of scarlet fever admitted into the hospitals of the Metropolitan Asylums Board was 92 during the week ended Feb. 24th; during the preceding week 110 cases were admitted. Two cases of small-pox, 9 of enteric fever, and 1 of typhus fever were also received, the small-pox cases coming from Greenwich and St. George's-in-the-east, and the case of typhus from Woolwich. The number of deaths from diphtheria in the week ending Saturday, Feb. 18th, was 18, the corrected average for that week being 13·8. There was therefore a diminution of the mortality recorded in the preceding week.

BLANK DEATH CERTIFICATES.

THE deputy coroner for Birmingham has referred to the Registrar-General the statements at an inquest as to the way in which the certificate of death was given for a child, who, after a fall, was treated at the General Hospital, and subsequently by Mr. Bailey. After death a certificate was sent for. The *Birmingham Daily Post* thus describes how it was given: "Mr. Bailey was out, and his assistant, Mr. Donald M'Donald, on her (the witness) representing that she wanted a certificate at once, filled up a form stating that the cause of death was convulsions. Mr. M'Donald said that Mr. Bailey put his signature to a certificate on Friday and gave it to witness, with instructions to fill it up if required. Two patients were expected to die, but deceased was not one of them." It would have been satisfactory if the deputy coroner had called Mr. Bailey himself. We venture to believe that he will have some different account to give of the matter. It is unlikely that a medical man would leave a blank certificate, any more than a blank cheque. If the account is true, of course we have no excuse to suggest for it, especially after the full condemnation of such practices by the profession and the Medical Council.

DR. BRAMANN.

DR. FRITZ BRAMANN has been gazetted in Berlin as the recipient of the Commander's Cross of the Hohenzollern House Order, bestowed by the Emperor as a reward for his skilful performance of the operation of tracheotomy on the Crown Prince. Dr. Bramann is the eldest son of a still surviving landed proprietor near Darkemen in East Prussia. He studied medicine at Königsberg, and acted as assistant to Dr. Schildner, Professor of Clinical Surgery in that school. In this capacity he earned a high reputation for skill as an operator, and was specially deputed from Berlin, where his merits have long been known, to perform tracheotomy, if occasion arose, on his Imperial Highness. Dr. Bramann, who is only in his thirty-fifth year, has had to struggle with many severe illnesses, which wellnigh wrecked his professional career. He has suffered successively from typhus, from enteric fever, and from diphtheria, and on each occasion his life was despaired of by the skilled physicians who were consulted.

POLLUTION OF THE THAMES AT STAINES.

THE question as to the liability of the Staines Local Board as regards the pollution of the Thames at Staines has often been discussed, and, as certain legal questions must be decided before this liability can be decided, it has now been agreed that the ancient practice of taking a special verdict should be followed. The result of this will be that the points in dispute will be brought before the Court for Crown Cases Reserved. The Thames Conservators have power to prevent drainage into any canal, cut, or watercourse leading to the Thames, within ten miles of the river; and in view of the sources of metropolitan water supply, it is most important that all technical hindrances to their action should be removed as speedily as possible.

THE SMALL-POX EPIDEMIC.

SMALL-POX is still extending in various parts of Yorkshire, Lancashire, and North Derbyshire. Several new centres of infection are reported from the Chesterfield Rural Sanitary District, the authority for which has for years past postponed the question of providing means for isolating first cases of infectious disease. At Eckington the School Board have been requested to close the school in consequence of the proximity of the disease. As to this, we should have thought that vaccination and exclusion of scholars from infected houses would have been quite as, if not more, efficient; but the responsibility for the needed measures must necessarily devolve on the local officials.

THE FRENCH MILITARY MEDICAL DEPARTMENT.

SOMETHING akin to boycotting appears to be now overtaking the French military medical service, for, according to *La Province Médicale* the last batch of probationer surgeons (*médecins stagiaires*) entering the military medical school of Val de Grace being incomplete, it was determined to hold a fresh competition to fill up the vacancies. This was duly advertised, but no candidates made their appearance. The French Government has under its consideration a scheme for the establishment of a new military medical school at the seat of one of the great provincial Faculties

(which of them is to be the favoured one is as yet unknown). Lyons and Bordeaux are each of them very anxious to be selected, but Government is taking time to make inquiries and inspections before deciding.

HEALTH OF THE CROWN PRINCE.

WE learn by telegram from San Remo, received at THE LANCET office at mid-day on the 1st inst., that "the discharge of mucus from the throat of the Crown Prince is still copious, and much tinged with blood. The patient is slowly recovering from the operation." The reports concerning His Imperial Highness which have been issued during the past week have increased rather than allayed the painful fears of those who are accustomed to read between the lines of official bulletins. Evidently the best has to be made of the fact that the august patient is able to secure a certain amount of sleep every night, and this statement is repeated daily in one or other form, and is made the staple of the official bulletin. But to this, of course, very little, if any, importance is to be attached, and the omissions in the bulletins are far more significant. We do not read in them of increased strength or of returning health. Nor do we hear that the local rest secured by the operation of tracheotomy has been attended with any decided improvement in the laryngeal disease. There has been no mention of ulcers healing, or of swellings and infiltrations receding, and we may be quite confident that, were there the slightest possible justification for such statements, they would have been speedily made. But, on the contrary, the one fresh fact is that Professor Kussmaul, who has examined the Crown Prince, without, happily, finding any evidence of pulmonary disease, has expressed the opinion that the expectoration shows distinct evidence of a cancerous source, and in this opinion the other German medical men concur. It is repeatedly stated that the relations between the German and English medical attendants on the Prince are somewhat strained, and it is greatly to be regretted that such a difficulty should be superadded to those inherent in the case. But far worse than all merely personal matters is the impression, from which we cannot escape, that the case is steadily progressing from bad to worse.

THE LATE SIR GEORGE BURROWS.

THE committee appointed, as stated in our last issue, for the purpose of obtaining, with the consent of Sir Frederick Burrows, a replica or copy of the portrait of his late father, Sir George Burrows, painted by G. Richmond, R.A., to be presented to the College of Physicians, has issued a circular appealing for subscriptions, which are limited to one guinea. The treasurer of the fund is Sir Dyce Duckworth, the honorary secretary being Dr. Edward Liveing.

HÆMOGLOBINURIA IN RHEUMATISM.

IF the recorded and unrecorded cases of hæmoglobinuria occurring in apparently genuine rheumatism were all numbered, it would have to be admitted that the sum would be considerable, although the occurrence is usually regarded as exceptional. Recent literature furnishes many examples of rheumatic hæmoglobinuria, frequently in association with erythemata of the skin, which occasionally present purpuric and vesiculate characters either singly or combined.

SMALL-POX AND COMMON LODGING HOUSES.

OWING to the frequent occasions on which there has been spread of small-pox through common lodging houses, the Manchester and Salford Sanitary Association have addressed a communication to the corporations of those two boroughs, urging special precautions as regards such houses; and, in reply, they have received an assurance that the local inspectors have been directed to draw the attention of the owners of common lodging houses to the risk which is involved by the reception of itinerant lodgers without due inquiry as to the localities whence they come.

IS LEUCOCYTHÆMIA CANCER OF THE BLOOD?

THE question proposes an ingenious hypothesis supported by the histological contention that the blood, though fluid, is as much a tissue as the most solid of them all. M. Bard has written an article on the subject in the *Lyon Médical*, No. 7, in which he takes up the line that the disease is a new growth, and remarks that if this process does not give birth to a tumour in the original sense of the word, it is because the neoplastic tissue obeys a pathological law and preserves the evolutionary attributes essential to its tissue of origin—the blood.

EPSOM COLLEGE.

THE biennial festival in connexion with the Royal Medical Benevolent College at Epsom will, as we stated last week, be held at the Hôtel Métropole on April 17th, under the presidency of the Right Hon. Polydore De Keyser, Lord Mayor, who will be supported by the Sheriffs of London and Middlesex. Recognising the great services rendered to the profession and to the community at large by the College, we cordially wish a social and financial success to the forthcoming festival.

"DIPHTHERIA IN EPPING": A CORRECTION.

IN an annotation on page 337 of our issue of Feb. 18th, we, by a slip of the pen which we much regret, stated that Dr. Bruce Low had been commissioned by the Local Government Board to investigate the circumstances connected with an outbreak of diphtheria at "Epping." This district, however, we are aware, is, and has been for some time, quite free from the disease, and the information we gave in the paragraph referred to was intended to apply to Enfield.

REWARD OF HEROISM.

ON the 28th ult., at the Bristol Police Court, the Mayor (Mr. Charles Watken) presented Mr. Headley Hill, a student at the Bristol General Hospital, with the Stanhope gold medal and address of the Royal Humane Society, for having performed the most meritorious and gallant rescue of the year. It will doubtless be remembered that Mr. Hill on Oct. 18th last rescued a young girl from drowning in the river Avon, near the Clifton Bridge Station, and that on Dec. 12th last an ordinary medal of the Royal Humane Society was presented to him.

LEAD POISONING.

THE water-supply belonging to the Chesterfield Rural Sanitary Authority continues at times to exhibit lead in dangerous quantities. A recent sample was found to contain half a grain per gallon. Some time since, limestone filtration of the water at the reservoir outlet was ordered to be carried out, but we do not gather if this was antecedently to the collection of the sample referred to. It is also intended that tin-lined service pipes shall for the future take the place of the leaden ones.

KREMIANSKI'S ANILINE TREATMENT OF PHTHISIS.

AN Italian physician, Dr. Bertalero, bears testimony to the value of aniline inhalations in the treatment of phthisis. He has published eight cases in which he employed them with excellent results. The apparatus he

used was not an inhaler such as is used by Kremianski, but a Siegel's spray charged with aniline. He also gave it internally, not, as Kremianski advises, in the form of antifebrin—i.e., acetanilide, which gives off aniline in the body,—but as pure aniline itself.

FOREIGN UNIVERSITY INTELLIGENCE.

Dorpat.—Professor Küstner of Halle has now been invited to fill Professor Runge's place.

Erlangen.—The chair of Psychological Medicine being vacant, the following names have been chosen by the Medical Faculty:—1st, Dr. Ganser of Dresden; Dr. Dittmar of Saargemund; 3rd, Dr. Anton Bumm of Deggendorf.

Kiel.—Dr. B. Fischer, who accompanied Professor R. Koch in his journey to Egypt and India, has qualified as *privat-docent* in Bacteriology.

MILAN has just passed through a severe visitation of small-pox, which, by the consensus of her most eminent sanitary authorities, was virtually invited by the unsystematic and ineffective vaccination which is general throughout Italy. Statistics in proof of the absolute immunity provided by vaccination from the disease, and, *per contra*, of the invariable incidence of it induced by neglect of that precaution, are shortly to be published. Thanks to the energetic measures taken by her municipality, Milan will be better prepared than any other city throughout the peninsula to resist another importation of the disease. Revaccination is available for all adults, male or female, who present themselves at the offices set apart by the Town Council *ad hoc*.

FROM the report on the condition of the metropolitan water supply during the month of January by the water examiner appointed under the Metropolis Water Act, 1871, it appears that the Thames Water sent out by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth companies, which in December of last year exhibited a very small proportion of organic matter for the winter season, showed a further improvement in this respect during January. Of the water drawn principally from the river Lea, that distributed by the New River Company again contained only a very minute quantity of organic matter; whilst the East London Company's water supply resembled the best of the Thames waters. All the samples were clear and bright.

OPHTHALMIC MEDICINE AND SURGERY holds its seventh international congress at Heidelberg from Aug. 9th to 12th next. The first of these congresses met at Brussels in 1857, the second and third at Paris in 1862 and 1867, the fourth in London in 1872, the fifth at New York in 1876, and the sixth at Milan in 1880. Concurrently with the meeting on Aug. 9th, the Ophthalmic Society founded by von Graefe will celebrate, also at Heidelberg, the twenty-fifth year of its existence.

THE Executive Committee of the General Medical Council met on Monday. Various important subjects engaged the attention of the committee.

HOME FOR INCURABLES, LIVERPOOL. — The annual meeting of the subscribers was held on Feb. 13th. The report presented stated that the institution was reopened on April 26th last, after extensive improvements and enlargements affording every necessary comfort and convenience for the inmates. Sixteen deaths had occurred during the year, six patients had left and twenty-five had entered during 1887. There were forty-five in-patients on Dec. 31st. The expenditure was £1843 4*s.* 9*d.*, against £1623 15*s.* 4*d.* in 1886. A donation had been received, for the first time, from the Hospital Sunday Fund.

Pharmacology and Therapeutics.

SALIX NIGRA.

THE fluid extract of salix nigra may be prescribed in the form of a cordial, a bottle of which has been forwarded to us by Messrs. Christy and Co., of 25, Lime-street, London. We have used this preparation in two cases in which it was desired to allay the activity of the sexual functions, and in both instances a tablespoonful of the cordial, which is the equivalent of one drachm of the fluid extract, twice a day, had a decidedly sedative effect on the functions in question.

CYTISIN IN MIGRAINE.

Dr. Kraepelin has found cytisin, the active principle of laburnum, and other species of cytisus, very valuable in some forms of migraine which appear to be due to a dilated condition of the vessels, this powerful and highly toxic substance acting as a vaso-constrictor. In the case of a young woman of hysterical tendencies, who had very violent attacks of migraine, associated with vomiting, sleeplessness, photophobia, swimming of the eyes, and unbearable hemicrania, where all ordinary remedies had proved useless, the hypodermic injection of 0·003 gramme of nitrate of cytisin had an immediate effect. In subsequent attacks it also succeeded, except once when an attempt was made to administer it by the mouth, when it was immediately vomited. The dose was increased ultimately to 0·005 gramme. Sleep could frequently, but not always, be induced by paraldehyde, in two-drachm doses. Dr. Kraepelin found that cytisin had a negative, sometimes even an injurious effect, in cases where the migraine was accompanied by a good deal of spasmodic action, so that it is only to be recommended in migraine of a paralytic type.

ANTIPYRIN IN EPILEPSY.

Fraty has written a thesis on this subject, and concludes that the drug has a manifest influence over some cases of epileptic convulsions. The influence is akin to that of the alkaline bromides. To obtain good results, large doses—from three to eight grammes—must be given every day. In a large number of cases the use of the medicament is followed by a condition of general malaise, requiring the discontinuance of the treatment.

TREATMENT OF MENINGITIS.

In the current number of the *Liverpool Medico-Chirurgical Journal*, Dr. William Carter narrates several cases of apparently tubercular meningitis in children, ending in recovery. The cases were very severe, and were generally regarded as hopeless, by the parents at least. The head was shaved and blistered, and blue ointment rubbed into the groins and axillæ; an ice-cap was also employed. Dr. Carter writes of the first case: "There was no doubt in either of our minds at the time that this was a case of tubercular meningitis, nor would there have been a doubt in anyone else's if the child had died."

PYRIDIN.

Relemen has extensively tried the action of the inhalation of the vapours of pyridin on the respiration in diseases of the heart and lungs. In nineteen cases where the respiration was greatly disturbed the vapours acted as an energetic anti-asthmatic, and relieved the subjective as well as the objective signs of respiratory distress. Its most beneficial effects were seen in cases of cardiac and nervous asthma. In emphysema the amelioration lasted from eight to twelve hours. Half a drachm or so of the liquid pyridin should be allowed to evaporate at some little distance from the patient.

ANTIPYRIN IN WHOOPING-COUGH.

Sonnenberger has tried antipyrin in seventy cases of whooping-cough, and with very satisfactory results. In young infants it should be administered three times a day in doses of half a grain to a grain and a half; and in older children each dose of the drug may be increased up to fifteen grains. A little syrup of orange, raspberry, or tolu forms a suitable medium for the drug, which must be taken systematically lest the amelioration should not continue.

LARKSPUR IN STRUMA.

Larkspur (Delphinium consolida), or "Delphinium," as it is styled in the United States Pharmacopœia, is not much used as a medicine in this country, though it has long been

reputed to have anti-scrofulous properties. The value of this drug has been pressed upon the Caucasian Medical Society by Dr. Krasnogradoff, who has had some success with it. Sarsaparilla, which has to be imported in the Caucasus, may very possibly find a formidable rival in larkspur, which grows there abundantly.

REGINA v. HITCHENS.

BY CHARLES MERCIER, M.B. LOND., F.R.C.S. ENG.

THIS case, recently tried at the Taunton Assizes, is, on several grounds, of very great importance and interest to the medical profession. The father of the prisoner is a medical man, well known and highly respected in the county of Somerset, and the widespread sympathy with which he has been regarded since the facts were published has been greatly enhanced by his admirable demeanour in the witness-box at the trial.

The facts of the case are very simple. The prisoner is a lad of twenty-one, who has suffered for many years from epilepsy, which has of late been getting more severe, and whose mother has been on two occasions insane, the second occasion being shortly before the birth of the prisoner. On the morning of Nov. 22nd, before he was fully dressed, the prisoner went into the bedroom of his eldest sister, who was in bed, and blew her brains out with one discharge from a double-barrelled gun. He then fired two shots from the same gun at his own head, but only slightly wounded himself. He then rushed out of the room and plunged headforemost down a flight of stairs. He did not slip or fall down, but threw himself down with his hands up as if diving into water. After this he got up, and threw himself in the same way down another flight of stairs; he again got up and threw himself in the same way into a fireplace. Being taken and put to bed, he told his father to look in the pocket of a coat that was hanging in his room. There the father found the following letter: "I leave everything that belongs to me to my dear mother. I have been treated so badly by that beast, my sister Constance, that I must put an end to her life by shooting; and, knowing that I shall have to die for it, I also shoot myself. Good bye to all, hoping you will all have a happy time of it. Good bye, dear father and mother." The prisoner subsequently said several times to different people that his sister had been very unkind to him, and had been a bad one to him. It did not appear at the trial, however, that he had previously shown animosity towards her, beyond mere children's squabbles; and the only complaints that he had ever made against her were that she had not given him a newspaper when he asked for it, and that she had passed him in the street without speaking.

These being the undisputed facts of the case, the defence was that the prisoner was insane, and now comes in the medical interest of the case. On the application of the prisoner's friends, the Treasury, who were of course conducting the prosecution, ordered two medical men, Dr. Needham, superintendent of the Gloucester Asylum, and Mr. Hyatt, surgeon to the Shepton Mallett gaol, to visit the prisoner and report upon the state of his mind. They did so, and reported to the Treasury that the prisoner was undoubtedly insane. When, however, the case came on for trial, the counsel for the Crown, Mr. Poole, Q.C., declined to call these two witnesses, and, although well aware of their opinions, insisted on the part of his and their employers, the Treasury, that the prisoner was of sound mind. Of course in civil cases a counsel is bound to call those witnesses only who will speak for his client; and in criminal cases of inferior gravity he is not obliged by custom to call witnesses who he has reason to think will be unfavourable to him; but in capital cases it is the recognised rule that counsel for the Crown are to strive, not for a conviction at all costs, but for justice to be done.

It was still, of course, open to the prisoner's counsel to call these witnesses, and he did call them, but the result of this difference in the proceeding was this: that if the witnesses had been called by the Crown, then, in cross-examination, the prisoner's counsel could have asked them any questions that bore upon the case; but as he called them himself, he could only put such questions as the judge allowed, and the judge allowed no question to be put. The witness was allowed to state his name, and even his address, but the judge rejected every question which could tend to show what the witness's qualifications were, what experience he had had, or how far he could be considered a trustworthy authority in cases of insanity. In addition, the judge absolutely rejected every question which tended, however remotely, to elicit an opinion. He would have no evidence, he said, but evidence of fact. The question of insanity was a question for the jury, and the jury were to decide that question upon the facts before them, and not to be assisted or retarded by opinions. If the medical men had come to an opinion on the question of the sanity or insanity of the prisoner, they had formed that opinion upon certain facts; let them state those facts to the jury, who could themselves form their own opinion upon them, and who were just as competent, when they had the facts before them, to form an opinion as to the sanity or insanity of the prisoner as the doctors were. "I am determined," said the judge (Justice Field), "not to allow a medical gentleman, however eminent, to be substituted for the jury. When trial by medical men comes into vogue, well and good; but so long as trial by jury is the law of the land the prisoner shall be tried by the jury. The question is one of fact, whether at the time of the murder, when this witness was not present, the prisoner was responsible for his actions. That must be answered by the jury on evidence of what occurred at the time or before."

The expert witnesses who had been sent by the prosecution to inquire into the state of the patient's mind were forbidden, therefore, to say what that state of mind was, and were restricted to relating the circumstances of their interviews with the prisoner. As neither of the doctors had taken any notes of their conversations, their accounts, when suddenly called upon before a crowded Court to recapitulate the exact words spoken by themselves and by the prisoner during an interview of two hours' duration, were naturally rather imperfect; and the judge had no difficulty in raising a laugh against them. Amongst other topics touched upon in the interviews in question was that of the crime committed by the prisoner; and Justice Field expressed both astonishment and indignation when he heard that the doctors had conversed with and questioned the prisoner on this subject. "You asked him that?" said the judge. "You really asked him that? Is that your customary way of examining? I thought prisoners were not to be cross-examined." Upon counsel for the prisoner inquiring of the judge whether he might ask the doctor if the prisoner was suffering from disease, the judge replied, "Bodily, yes; mentally, no." Certain facts as to the prisoner's bodily health were then proved; but the judge apparently regarded them as of no value, for he took no note of them, and did not mention them in his address to the jury.

The summing-up of the judge was very strong indeed against the prisoner. He declared that all the conversations narrated and all the acts of the prisoner were perfectly rational. He took the letter written by the prisoner, and, reading it sentence by sentence, asked if each sentence was not a rational one. The judge omitted, however, to read that sentence in which the prisoner hoped that his family would all have a happy time, after the eldest son had shot the eldest daughter and then committed suicide or been hanged. He laid down the law in the high-and-dry sense of the Macnaughten case, telling the jury that, in order to find the prisoner insane, they must be satisfied that he did not know the nature and quality of the act that he committed, and that he did not know that he was doing wrong when he shot his sister. The question for the jury was, "Did the prisoner know the nature of the act that he committed, that it was condemned by the law of God and man, and, if he committed it, that he would have to suffer death for it?" After an absence of three-quarters of an hour, the jury returned a verdict, according to the recent statute, of "Guilty, but insane at the time the act was committed." It subsequently became known that the delay in recording the verdict was due to a difference among the jury as to whether they should not return into Court and demand to hear the opinion of the medical men as to the sanity of the prisoner, ten being in favour of this course and two against it.

As this is the second case within a few months in which the same judge has set aside recent precedents in cases of murder by lunatics, and has reverted to the old and neglected dictum of the House of Lords in Macnaughten's case, it will be useful to examine the procedure and results of the trial to see what the effects of this revival have been. The precedent

of the Macnaughten case was followed in every particular. Not only did the judge instruct the jury that the prisoner was responsible if he knew the nature and quality of the act, and knew that he did wrong; but the other portion of the dictum was also adhered to. The judge actually laid it down to the jury that, even if they were satisfied that the prisoner was insane at the time of the crime, they could not return a verdict of "Guilty, but insane," unless they found that he was suffering from such a delusion, that if the facts really had been as he deludedly believed them to be he could have legally committed the act for which he was tried. If this doctrine is really the law, it follows that a person who, in an outbreak of post-epileptic mania, kills another is guilty of murder and is liable to be hanged, and is so liable although at the time the murder was committed the murderer may have been absolutely and entirely unconscious, a mere automaton, acting without purpose, without knowledge, without volition. It may be said that such a person would be saved by his ignorance of the "nature and quality" of the act he was committing; but, if he were tried by Justice Field, his ignorance could not be proved. "The doctors," said Justice Field, "can no more dive into a man's state of mind than I can. In order to find out the condition of a man, his intentions, or what has passed in his mind, the only safe mode is to judge by what he does." Nothing could be plainer than this. Conduct, and conduct alone, is to be our guide in judging of man's condition, intentions, and of what has passed in his mind. All evidence from his bodily state, from his physical condition, is to be rejected; and all such evidence was by the judge in this trial either unhesitatingly rejected if its bearing upon the mental condition was brought forward, or passed over in silence if its significance was not insisted upon. To take two instances: Counsel for the prisoner asked an expert witness if patients who suffered (as the prisoner had been proved to do) from both *haut mal* and *petit mal* were not, in his experience, invariably insane, from time to time or permanently. The judge refused to allow the question to be put. Another medical witness (Mr. Hyatt) testified that on a certain occasion the prisoner's pupils were insensitive to light. The judge took no note of the fact. Of course, he did not appreciate its significance. That was pardonable. But he refused to allow the witness to explain, or to be questioned as to its significance, and that was unpardonable. According to this ruling, either no evidence as to the patient's bodily state is admissible, or, if it be admitted, it is not competent to the witness to point out its bearing on the mental state. A more monstrous doctrine was never laid down in a court of justice. If it be maintained, it follows that in the case supposed of homicide during post-epileptic mania it would not be competent for the defence to show that the prisoner had had a fit immediately before the occurrence; and, if this evidence were admitted, it would not be competent for a witness to explain the effect of such an occurrence on the patient's mental condition. If this is the law, the law is infamous, and must be altered.

It is exceedingly satisfactory to find that although the jury were not allowed to hear expert evidence, and although the summing up of the judge was even more condemnatory of the prisoner than the speech of the prosecuting counsel, yet the verdict of insanity was given promptly and without hesitation; and so impressed were the jury with the importance of hearing the medical evidence that a large majority were desirous of returning into Court and demanding to hear it.

The lesson for the profession that this case teaches is the desirability, or rather the necessity, of taking notes when examining a patient as to his state of mind, and of noting down *verbatim* all material questions, answers, and statements made by the patient; and, still further, of noting down every bodily symptom and every gesture, attitude, and occurrence which influences the mind of the examiner in coming to a conclusion. Medical men are too apt, in examining insane persons, to keep in mind only the necessity of satisfying *themselves* as to the condition of the patient. What they ought to have constantly before their minds is the necessity of obtaining such evidence as will satisfy, not only themselves, but a third person who has not seen the patient, and especially a person who is ignorant of technical terms and of the rudiments of medical science. Unless they do this, they will be in danger of having subsequently to give an account of their interview, and of having no evidence of insanity to bring forward but a few bald expressions, which, taken alone, are utterly inconclusive. In examining a prisoner who is suspected to be insane, the medical man must avoid all reference to the crime; and probably his safest course would be to converse only about the weather.

PROFESSOR OERTEL ON DIPHTHERIA.

II.

THE task undertaken by Professor Oertel, the results of which are recorded in his monograph, consists in a determination of the nature and pathogenesis of diphtheria from a careful study of the tissue changes that are induced by the disease. In the pursuit of this he has distinctly advanced beyond the limits attained by previous pathologists whose labours were noticed in the introduction; for, as will be seen, the changes he describes are largely those which affect the intimate structure of cells and their nuclei. Indeed, histology teaches that the nucleus—made up as it is of two distinct portions, chromatin and nuclear substance—has not only a delicate, if complex, structure, but undergoes remarkable transformations in the initial stages of cell division, the evidence of cell vitality. Karyokinesis is a fact of the highest importance, and its study has thrown a flood of light upon the intimate processes of cell life. The behaviour of cells under the influence of agencies which pervert or annul the normal processes of nutrition can, therefore, only be fully studied in the minute or molecular changes which the cell nucleus undergoes. Hence we find particular stress laid upon these changes in the diphtheritic process, and it is this which constitutes the notable advance made by Professor Oertel in his study of the subject. In order to exclude concomitant conditions he was careful to select uncomplicated cases, which were fatal when the disease was at its height, expecting to get most results from those which ran a rapid and malignant course. The material was afforded by as many as thirty-one cases, and the several organs were examined microscopically in as many of these cases as was deemed necessary to arrive at a positive conclusion respecting them. The details of these histological examinations occupy nearly eighty pages of the work, and we shall attempt to condense them as much as possible. The tissues and organs thus carefully examined were: 1. Epiglottis. 2. Tonsils. 3. Pharyngeal mucosa and uvula. 4. Lungs. 5. Lymphatic glands. 6. Heart. 7. Stomach and intestines. 8. Spleen. 9. Liver. 10. Kidneys.

1. *Epiglottis.*—This was selected because it often affords opportunity of studying the very earliest changes due to diphtheria. These consist in the epithelial layers becoming infiltrated with leucocytes, as well as markedly proliferated: but this is associated with degeneration of the cells, so that nuclear fragments forming granular masses, which, at first taking staining reagents, come to constitute areas of necrobiosis, in which eventually a hyaline network is formed. The infiltration of leucocytes extends deeply down into the substance of the mucous membrane, and the same tendency to degeneration and necrobiosis is to be seen here. The epithelium becomes detached in places, and the false membrane is formed of the granular relics of necrobiotic epithelia and leucocytes, together with fibrinous exudation from the bloodvessels. The meshwork that forms its basis is due to the congulation of this lymph, as well as of the granular matter or detritus of cells, and of cells which have undergone conversion into a coagulable material. Leucocytes and bacteria are entangled in its meshes.

2. *Tonsil.*—Here mostly there is a thick layer of false membrane, and the changes in the *parenchyma* of the tonsil are proportionate to the extent of the surface lesion. The false membrane consists of fibrillar meshwork, enclosing masses of epithelium and leucocytes, the network being coarser the longer the exudation has lasted. In the tonsil itself there is hyperplasia of the follicles, adenoid tissue, and septa—a change which is disseminated or focal rather than diffuse. The follicles are filled with cells which undergo necrobiosis, as evidenced in the breaking up of their nuclei. The nuclear juice is altered, so that it becomes capable of being stained by reagents; whilst the chromatin breaks up, and the final result is the formation of masses of various shapes and sizes, staining deeply. These nuclear changes are accompanied by a breaking up of the cell protoplasm. The process

does not end in the formation of this necrobiotic focus. For the detritus undergoes degeneration, yielding a coagulable material that eventually converts the follicle into a fine hyaline meshwork, which stains yellow with picrocarmine, and entangles leucocytes and granules in its meshes. In older-standing cases a like change occurs in the adenoid and connective tissue, so that it becomes difficult to determine the limit of the false membrane with which the degenerated tissue blends. As to the *vessels* of the tonsil, these present more or less hyaline thickening of their walls, which, if the intima be mainly involved, may cause total occlusion of the vessel; and with regard to the *peri-tonsillar* tissues, there may be found some hyaline degeneration of muscular fibres (Zenker's degeneration), and even leucocytal infiltration of the intermuscular connective tissue.

3. *Pharyngeal Mucosa and Uvula.*—These parts are usually more or less coated by false membrane, and the early stages of the diphtheritic process can rarely be observed here. Moreover, the parts may have suffered change from the application of remedies. It is not easy to define the lower limit of the false membrane, but its upper layers are crowded with bacterial organisms, and the whole is beset with necrobiotic leucocytes and other cells. In the mucosa itself, the layers nearest the false membrane show, besides hyaline conversion of connective tissue fibres, notable changes in the cells. The nuclei of the connective-tissue cells are most diversely altered, not as in ordinary karyokinesis, but with separation of chromatin and conversion of the nuclear juice. In fact, there is every kind of nuclear disintegration, differing only from the process observed in other necrobiotic foci in the cells still retaining their form and position. Below this the deeper layers of the mucosa are infiltrated with leucocytes. The *uvula* may be swollen and œdematous, and wholly covered by false membrane. In such a case the whole substance of the organ shows necrobiosis of cells and nuclei; even the cells of the arterial adventitia and the perivascular tissue exhibit the total disintegration of nuclei characteristic of necrobiosis. Here as elsewhere, hyaline degeneration ensues on necrobiosis; and in no part was such extensive hyaline degeneration of vessel walls found as in the uvula. Yet in the specimens examined the fibres of the azygos uvulæ muscle showed no such change.

4. *Lungs.*—The conditions found in these organs were referable to the action of an inflammatory infective process and of mechanical obstruction of the air passages. There were scattered subpleural hæmorrhages, and hæmorrhage extending thence between the alveoli, which were compressed by it. Leucocytes infiltrated the alveolar septa, and in later stages invaded the alveoli, the epithelium of which became detached and the characters of catarrhal pneumonia were thus produced, whilst in other alveoli there was more of fibrinous exudation. In one very severe case of diphtheria the alveolar contents were composed of nuclei, which exhibited disintegrating changes somewhat similar to those observed in necrobiosis. However, these pulmonary lesions bear no specific character, and are none other than might occur from inflammatory stimuli of varying intensity. The special and direct effects of a poison upon cells—viz., necrobiosis and chemical change or degeneration—were not seen in the pneumonic areas.

BRITISH NURSES' ASSOCIATION.

A MEETING in connexion with this Association was held at Middlesex Hospital on the 24th ult. The chair was occupied by Dr. Douglas Powell, and amongst those present were H.R.H. Princess Christian, Miss Wood, Dr. Coupland, Dr. Samuel Fenwick, Dr. Bedford Fenwick, Mr. Hulke, Dr. Sibley, Dr. Ormerod, Dr. Kingston Fowler, Mr. Harrison Cripps, Dr. Norman Moore, Mr. Herbert Page, Dr. Langdon Down, Dr. Pavy, the members of the Executive Committee of the Association, and several matrons of hospitals and a large number of sisters and nurses of the various metropolitan hospitals.

Dr. Douglas Powell, in opening the proceedings, said that the first point was to consider the bye-laws of the Association *seriatim*, and he accordingly called upon Miss Wood to read them. As finally adopted they are as follows:—

1. The Association shall be entitled the "British Nurses' Association." 2. Its objects shall be: *a.* To unite all qualified British nurses in membership of a recognised profession. *b.* To provide for their registration on terms satisfactory to physicians and surgeons, as evidence of their having received systematic training. *c.* To associate them for their mutual help and protection, and for the advancement in every way of their professional work. With a view to the attainment of these objects, it shall be the immediate aim of the Association to obtain a Royal Charter incorporating the Association and authorising the formation of a register which shall include all nurses, as described in Bye-law 4, applying for registration before the first day of January next following the granting of the Charter, and such nurses at subsequent dates as shall fulfil the conditions which the Charter may prescribe. 3. The Association shall be composed of nurses and such medical men as may express their desire to become members. 4. Until Jan. 1st, 1889, the following shall be eligible to become members on producing to the Executive Committee satisfactory evidence of professional attainments and personal character, and of having been engaged three years in nursing—viz., the past or present matrons or lady superintendents, sisters or nurses, of any public hospital or infirmary, or public or district nursing association in the British Empire, all trained midwives, and women who have been engaged in private nursing. 5. On and after Jan. 1st, 1889, the conditions of membership shall be determined from time to time by the Executive Committee, subject to the approval of the General Council. 6. The members of the Association shall meet annually to elect a General Council, to receive the annual, financial, and other reports for the previous year, and to transact such other business as may be necessary. 7. The General Council shall consist of the President, the Vice-Presidents, 100 medical men, inclusive of the teachers of nursing in metropolitan hospitals, of whose number two shall be *ex-officio* members of the Executive Committee; 100 past or present matrons, and 100 sisters or nurses, including the members of the Executive Committee. It shall meet once in three months, or oftener if necessary, to receive the report of the Executive Committee for the previous quarter, and to transact such other business as may come before it. The ultimate decision on any matter affecting the Association shall rest with the General Council. 8. At any division in the General Council or Executive Committee, if two members shall so desire, the votes of the nurses and of the medical men shall be taken separately, and no motion or amendment shall be declared carried which does not obtain a majority of votes in each group. 9. The Executive Committee shall consist of the following members—the President of the Association, Mrs. Bedford Fenwick, the matrons of the general hospitals of the metropolis to which recognised medical schools are attached, two teachers of nursing as provided by Bye-law 7, and the heads of the navy and army nursing departments; and of the following twenty-seven elected members—viz., four physicians, four surgeons, four general medical practitioners, four matrons of metropolitan hospitals, general or special, exclusive of those possessing medical schools, two matrons of the Poor-law infirmaries of the metropolis, one sister in charge of a ward, one staff nurse at a metropolitan hospital, one lady superintendent of district nurses, four matrons of provincial hospitals or infirmaries in England or Wales, one matron of a Scottish hospital, and one matron of an Irish hospital. 10. The elected members of the Executive Committee shall be appointed by the General Council at its last meeting in every year. The first Executive Committee shall hold office for three years. Thereafter at least one-third of the nursing and one-third of the medical members shall retire annually by rotation, and shall not be eligible for re-election till the following year. 11. The Executive Committee shall have power to appoint all paid officers and to determine what salary each shall receive. It shall initiate and draw up in detail, and refer to the General Council, such measures as may seem advisable from time to time, and shall carry into execution all measures of which the General Council shall approve. And, generally, it shall conduct the business and watch over the interests of the Association. 12. The General Council and the Executive Committee shall respectively frame regulations and bye-laws for their own guidance. 13. The honorary officers shall be a patron, a president, vice-presidents, a treasurer, and trustees, of whom the vice-presidents must possess the qualifications necessary for membership of the Association. As vacancies occur, or

occasion may arise, they shall be nominated by the Executive Committee and elected by the General Council. 14. The annual subscription for members shall be—for matrons and medical men, half a guinea, or a life subscription of five guineas in one sum; for sisters and nurses, half a crown, or a life subscription of one guinea in one sum. All subscriptions shall be due on Jan. 1st of each year. 15. A General Council meeting shall have power to direct the secretary to erase from the roll the name of any member who shall, after full inquiry, be deemed unworthy to remain a member. But no member's name shall be erased for this cause except by the order of a General Council meeting specially summoned to consider the matter, and at which meeting twenty-five shall form the necessary quorum. Provided always that any member whose name has been directed to be erased from the roll shall have the right to demand that, before such erasure takes place, the matter shall be referred to a general meeting of the members of the Association.

Considerable discussion arose upon Bye-law 9 with reference to the representation thereon of teachers of nursing at the metropolitan hospitals. It was finally proposed by H.R.H. Princess Christian, seconded by Dr. Langdon Down, and carried, that all the teachers of nursing at metropolitan hospitals should be *ex-officio* on the General Council, and that two of their number should be *ex-officio* members of the Executive Committee. The remaining Bye-laws were adopted in the form in which they were presented to the meeting. The hon. secretary then read the list of the medical men, matrons, and nurses who were proposed for election as the General Council. Two of those named having declined to act, the list was then proposed, seconded, and accepted by the meeting. The meeting then closed. After a brief interval, H.R.H. Princess Christian took the chair at a meeting of the General Council. The hon. officers and Executive Committee were elected as follows:—President: H.R.H. Princess Christian of Schleswig-Holstein. Vice-Presidents (first list): Sir James Paget, Bart.; Sir Prescott Hewett, Bart.; Sir Spencer Wells, Bart.; Sir Joseph Lister, Bart.; Sir Henry Acland, K.C.B.; Sir Thomas Crawford, K.C.B.; Sir George Paget, K.C.B.; Sir John Watt Reid, K.C.B.; Sir Joseph Fayrer, K.C.S.I.; Sir Guyer Hunter, K.C.M.G., M.P.; Sir J. Crichton-Browne, Sir Dyce Duckworth, Sir Alfred Garrod, Sir William MacCormac, Sir George H. A. Macleod, Sir William Roberts, Sir Edward Sieveking, Sir William Stokes, Dr. James Andrew, Dr. Banks, Mr. Joseph Bell, Professor E. H. Bennett, Dr. Langdon Down, Dr. Matthews Duncan, Mr. Erichsen, Dr. Samuel Fenwick, Professor Lund, Professor Marshall, Dr. Pavy, Dr. Quain, Mr. Savory, and Mr. Thomas Smith. Trustees: His Grace the Duke of St. Albans and His Grace the Duke of Abercorn. Treasurer: Robert Barclay, Esq. Executive Committee: H.R.H. Princess Christian of Schleswig-Holstein, Sir Dyce Duckworth, Dr. Samuel Fenwick, Dr. Douglas Powell, Mr Octavius Sturges, Mr. Brudenell Carter, Mr. Davies-Colley, Mr. Herbert Page, Mr. Pickering Pick, Dr. Alexander Collie, Dr. Septimus Sibley, Dr. Bezly Thorne, Miss Stewart (St. Bartholomew's), Miss Jones (Guy's), Miss Thorold (Middlesex), Miss Mansel (Metropolitan and National Nursing Association), Miss Gull, Mrs. Bedford Fenwick, Sister Cecilia (University College Hospital, Miss Barton (Royal Free Hospital), Miss Wood (Great Ormond-street Children's Hospital), Miss Sutcliffe (Hospital for Women, Soho-square), Miss East (National Hospital for Paralysis, &c.), Miss Clarke (Western Fever Hospital, Fulham), Miss Mollett (Chelsea), Miss Close (Kensington), Mrs. Deeble (Royal Military Hospital, Netley), Miss Hogg (Royal Naval Hospital, Haslar), Miss Beachcroft (Lincoln County Hospital), Miss Gibson (Brownlow Hill Infirmary, Liverpool), Miss Rogers (Leicester Infirmary), Miss Cureton (Addenbrooke's Hospital, Cambridge), Miss Lumsden (Royal Infirmary, Aberdeen), Miss Huxley (Sir Patrick Dun's Hospital, Dublin). Solicitor: F. S. Randolph, Esq., 3, Old Serjeant's-inn, W.C. Bankers: Messrs. Barclay, Bevan, Tritton, Twells, and Co., 54, Lombard-street, E.C.

Dr. Bedford Fenwick presented the balance-sheet for the past quarter, showing that after all the preliminary expenses had been paid there was a balance at the bank of more than £100, and that 423 medical men, matrons, sisters, and nurses had become members in the last fortnight. This was received and adopted, other business was transacted, and a vote of thanks to Princess Christian concluded the proceedings.

HIGHER EDUCATION IN THE METROPOLIS AND DEGREES FOR LONDON MEDICAL STUDENTS.

IN continuation of the Petitions and Charters which have been laid before the Privy Council, we print this week the following:—The Petition from the University of Edinburgh practically represents the positions taken by Victoria University, Trinity College, Dublin, the Universities of Durham, Glasgow, and Aberdeen, the Royal University of Ireland, and the Yorkshire College of Science. We hope to complete the list next week by reproducing the Petition in favour of the Provincial Schools.

MEMORIAL FROM THE UNIVERSITY OF EDINBURGH.

The Humble Memorial of the Senatus Academicus of the University of Edinburgh unto the Queen's Most Excellent Majesty in Council.

May it please your Majesty,—Your memorialists have had the opportunity of reading and considering a petition of the Royal College of Physicians of London, and of the Royal College of Surgeons of England, praying that their Presidents and certain of their Fellows may be incorporated, with power to grant to persons who have obtained qualifications under the Medical Act, and who shall be otherwise properly qualified, degrees in Medicine and Surgery. On this petition and the accompanying Draft Charter your memorialists would humbly ask permission to offer some observations, and to take exception to certain of the powers which the two Royal Colleges seek to obtain.

It is proposed in the Draft Charter that a Senate be incorporated under the designation of the Senate of Physicians and Surgeons, which shall consist of the President and twenty-three Fellows of the Royal College of Physicians of London, and of the President and twenty-three Fellows of the Royal College of Surgeons of England, and that this Senate shall have power to confer the degrees of Bachelor of Medicine, Bachelor in Surgery, and Doctor of Medicine. It has hitherto been the especial right and duty of the Universities of the United Kingdom to confer, after due examination, degrees in Medicine and Surgery; and it is further provided by the Medical Act that persons possessing such degrees are qualified for admission to the Medical Register. It is now proposed under the Draft Charter to create and incorporate a new and exceptional body, not a University, which is to possess and exercise an equal power of conferring Medical and Surgical degrees. This proposal involves so important a constitutional change and so wide a departure from the hitherto accepted practice both of this and other countries, that in the judgment of your memorialists, the power asked for ought not to be conferred, unless it can be shown on inquiry that the Universities of the United Kingdom have hitherto failed in properly exercising the powers entrusted to them. In connexion with the relation of the Universities to Medical Education and Examination, your memorialists would point out that, with the view of providing for the increasing wants of the people, most important additions have been made during the reign of your Majesty to the number of Universities in England which grant degrees in Medicine and Surgery, by the creation of the University of London, and of the Victoria University, while the ancient Universities of Oxford and Cambridge have, by recent changes in their statutes, brought their degrees in Medicine and Surgery much more within the reach of the members of the Medical Profession than formerly. Should it, however, appear on inquiry that there is still some need in London for additional powers to grant degrees, this want, in the judgment of your memorialists, would be supplied by some modification of the constitution of the existing University of London, and not by the creation of such an anomalous body as the proposed Senate of Physicians and Surgeons. But, further, your memorialists would state, that if the principle be conceded, that bodies representing a single Faculty are to be specially incorporated by Royal Charter for the purpose of conferring degrees in that Faculty, then it would doubtless follow that applications would be made by corresponding bodies in other Faculties or Professions for similar powers to confer degrees in their respective Faculties. If these were granted there would then be constituted a number of isolated bodies exercising degree-conferring functions, and acting independently of the Universities, which in the judgment of your memorialists would not conduce to the advancement of learning. For it should be stated that in the Universities the administrative bodies are representative of all the Faculties in each University, and that the regulations connected with the education and examinations in each Faculty come under the cognisance and criticism both of the members of that Faculty and of the general administrative body, and a breadth and strength are thus given to these regulations which bring them into harmony with the general culture of the nation. If, as is proposed in the Draft Charter, the power to confer degrees were granted to a Senate exclusively composed of persons of a particular profession, it is to be feared that degrees so conferred would not possess that distinctive stamp of culture and academic training which is now attached to them as conferred by the Universities, the regulations of which are supervised by bodies composed not only of members of a particular profession, but also representative of literature and general science. The effect, indeed, would be to destroy all distinction between those who have and those who have not received a University training. The special signification which has hitherto been attached to the possession of a degree in Medicine would therefore become changed, the Universities would cease to be the accredited bodies for conferring such distinctions as at present indicate a higher standard of professional training, and their value in the public mind would be greatly diminished. But, further, your memorialists would state that the two Royal Colleges, now petitioning, do already possess and exercise ample powers of conferring qualifications to practise Medicine and Surgery which admit to the Medical Register; and that they either separately or conjointly qualify during each year a large number of Licentiates, Members, and Fellows. If the further power of conferring degrees in Medicine and Surgery were granted, a monopoly would practically be thereby created, which, in the opinion of your memorialists,

would not be for the advantage either of the Medical Profession or of the public generally, and would materially encroach upon the functions now discharged by the Universities. But, in addition to the objections which your memorialists entertain to the principle involved in the proposition embodied in the Draft Charter, there are various points of detail to which they feel constrained to take exception. They would, for example, refer to the proposal in Clause 15, to make the degree-conferring power now sought retrospective, as regards those persons who have passed the ordinary examinations of Members or Licentiates "formerly held by both of the said two Colleges separately, or by passing the examination held by the examining board of the said two Colleges"—also to the power to be given to the Senate to confer degrees upon candidates who may pass the ordinary examinations for Licence or Membership without of necessity requiring any further examination—also to the provision in Clause 16, that no fee shall be demanded for the granting of any degree, but only for the examination for such degree; from which last provision it would appear that, if the Senate should exercise its optional power of conferring a degree after the ordinary examination held by the two Colleges, and without any further examination, the degree itself would be given gratuitously. In conclusion, your memorialists would state that the question now before your Majesty in Council is not exclusively an English question, but affects the whole of the United Kingdom. For Medical and Surgical Colleges exist both in Scotland and Ireland which exercise corresponding powers and privileges to those at present enjoyed by the Royal College of Physicians of London and the Royal College of Surgeons of England. Should, therefore, degree-conferring powers be granted to the two London Colleges in terms of their Petition and Draft Charter, there can be little doubt that similar applications would be made by the corresponding Colleges both in Scotland and Ireland, which, if acceded to, would materially affect the prosperity of the Universities in those countries, and seriously lower the status of present and future graduates of Medicine.

Your memorialists, therefore, humbly pray your Majesty not to grant the said petition of the Royal College of Physicians of London and the Royal College of Surgeons of England, and that they may be heard in support of the allegations of this memorial against the said petition and accompanying Draft Charter, and that your Majesty will be pleased to afford your memorialists such other relief in the premises as your Majesty in your Royal wisdom and justice may deem meet.

And your memorialists will ever pray, &c.

In name and by authority of the Senatus Academicus of the University of Edinburgh.

December, 1887. W. MUIR, Principal.

PETITION OF THE UNIVERSITY OF CAMBRIDGE.

The Special Board for Medicine beg leave to propose that the following form of petition be adopted and presented by the Senate:—

To the Queen's Most Excellent Majesty in Council.

The humble petition of the Chancellor, Masters, and Scholars of the University of Cambridge humbly sheweth: That your petitioners have been informed that a petition has been addressed to your Majesty in Council by the Royal College of Physicians of London and the Royal College of Surgeons of England, in which the said Colleges acting jointly request that the Presidents and a certain number of Fellows or Councillors of the said Colleges be incorporated under the name of "The Senate of Physicians and Surgeons," and that the said proposed Senate be empowered to grant degrees in Medicine and Surgery; that your petitioners desire to represent that the power of granting such degrees has heretofore been entrusted to Universities only; that your petitioners believe it to be an advantage that in Universities the granting of degrees in Medicine and Surgery is controlled by the opinion of a body of men interested in various subjects, whereas the said proposed Senate would represent a single Faculty only; that there is already in London an Examining Body, the University of London, which grants its degrees to all whose knowledge is sufficient to enable them to pass its examinations; that in the absence of any arrangement for University teaching residence or discipline in connexion therewith the proposed Senate would constitute a second merely Examining Body in London which would grant one class of degrees and on easier terms; that the distinction at present attaching to the degree of Doctor of Medicine granted by this and other Universities has enabled your petitioners to require of candidates a longer and wider course of Medical study than that hitherto required by the Licensing Corporations, and your petitioners are of opinion that the Science and Practice of Medicine have thereby been advanced; that they therefore deprecate any proposal such as that made in the said petition as tending seriously to diminish the distinction of this degree; that for these and other reasons your petitioners submit that it is contrary to public policy and to the interests of Medical and Surgical Science that the said proposed Senate should be invested with the power of granting degrees; your petitioners therefore humbly pray that your Majesty in Council will be graciously pleased to hear them by Counsel or otherwise in support of the allegations in this their petition. And your petitioners will ever pray, &c.

G. E. PAGET. M. FOSTER.
ALEX. MACALISTER. CHARLES S. ROY.
OCTAVIUS STURGES. GEORGE WHERRY.
DONALD MACALISTER. LAURENCE HUMPHRY.
A. S. LEA. M. M. PATTISON MUIR.
ALEX. HILL. JOHN CLELAND.
G. D. LIVEING. GERALD F. YEO.

MEMORIAL FROM SIR H. A. PITMAN.

To the Queen's Most Excellent Majesty in Council.

The humble memorial of Henry Alfred Pitman, Knt., Bachelor of Arts and Doctor of Medicine of the University of Cambridge, most humbly sheweth: That a joint petition has been presented to your Majesty in Council by the Royal College of Physicians of London, and the Royal College of Surgeons of England, in which, among other things, the petitioners state that "it is expedient, in order to encourage proficiency in the Sciences of Medicine and Surgery, that your petitioners should be enabled to unite and co-operate not only in conducting examinations for the purposes of the Medical Act, but also for the purpose of conferring degrees in Medicine and Surgery;" and the said petitioners pray that your Majesty will be graciously pleased to incorporate the Presidents of the said Colleges with others of their Fellows under the name and style of "The Senate of Physicians and Surgeons," with power, among other things, to grant to persons who have obtained qualifications under the Medical Act, and shall be otherwise properly qualified, degrees in Medicine and Surgery.

Your memorialist humbly submits that the grant to Colleges of power to confer degrees has been a long-established custom. So far as the history of the existing Universities can be ascertained they commenced generally as Colleges, and as such possessed that power. King's College, Aberdeen, and Marischal College, Aberdeen, for many years conferred degrees before they became Universities; the present University of Glasgow received its Charter from James VI., who granted it to "Our College of Glasgow," with power to confer degrees; the existing University of Edinburgh was a College from its foundation in 1583 until 1708, also having that power; and the University of Dublin, a degree-giving body, is still known and described by its corporate title—"The College of the Holy and Undivided Trinity of Elizabeth, near Dublin."

Your memorialist submits that when the power to confer degrees was granted to Colleges and Universities, those seats of learning were supposed to include the most learned men in the several Faculties, and those therefore to whom that power might most properly be entrusted. Since then other Colleges, consisting of the most learned and skilful men of certain of the Faculties, have received Charters of Incorporation, and it would seem to be only reasonable and proper that to them also should be granted the power to confer degrees in that particular Faculty in which their constituent members are especially distinguished. This principle has recently been recognised in the Faculty of Music, for although degrees in Music are conferred by Universities, her Majesty in Council has granted a Charter to the Council of the Royal College of Music, with power to confer the degrees of Bachelor of Music, Master in Music, and Doctor in Music.

Your memorialist submits that a degree in Medicine or Surgery is a distinctive title, and should be conferred after a certain interval on those only who have obtained a qualification to practise, and who shall have given proof subsequently of higher attainments tested by further examination. This view appears to have been entertained by Her Majesty's Commission in their report in 1882, wherein they advised that the Universities of the United Kingdom should continue to confer their degrees, but that a licence obtained from a Divisional Board should be the only qualification to practise Medicine and Surgery. Some practitioners might be content with a qualification to practise, whilst the means to obtain a degree, so ardently and justly desired by the great majority, would act as an inducement to further study and higher attainments, and thus raise the standard of Medical Education to the advantage of the public.

Your memorialist submits that the course of study, the opportunities for practical instruction, and the examinations to which the London students are subjected, being commensurate with those which prevail in the majority of the Universities of the United Kingdom it is but just and reasonable that those students should be able to obtain a degree in Medicine or Surgery in London on conditions as favourable as those offered by such Universities. The necessity for a new degree-giving power in London is generally called for by the Medical Profession, and that this power should be vested in the Colleges of Physicians and Surgeons was recommended by Sir Henry Halford and other eminent physicians examined before the Royal Commission in 1834. With reference to other Faculties there has not been any similar expression of public opinion. In some other large cities in which Royal Colleges of Physicians and Surgeons exist, local Universities are already to be found which afford means of graduation which are not available for the great majority of students in London.

Your memorialist submits that the teachers in London include men of the highest eminence in the several branches of Medicine and Surgery. The material and appliances for Medical and Surgical study, in consequence of the vast population of London and the accommodation which the hospitals of London afford for the treatment of disease, must always be much greater than those of any other centre of teaching. London offers to Medical Education special and unexampled clinical advantages in its large and well-appointed general hospitals, containing 5000 beds and upwards, occupied by close on 60,000 patients a year; its special hospitals, with more than 3000 beds; its lunatic asylums, with upwards of 5000 beds; and the out-patients attending the hospitals, amounting to not less than 350,000. The advantages for clinical teaching apply in an equal degree to the study of Morbid Anatomy and Pathology, and as regards the scientific subjects of Medical and Surgical Education, advantages equal to those of Universities exist in the London schools.

Your memorialist submits that it is contrary to the interest of the public that students should be induced to go from London to places where the opportunities for clinical studies are necessarily far inferior merely because a University degree in Medicine and Surgery can there be obtained.

Your memorialist therefore humbly prays that your Majesty will be graciously pleased to comply with the prayer of the petition of the Royal College of Physicians of London and the Royal College of Surgeons of England.

And your memorialist will, as in duty bound, ever pray.

PETITION BY THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH, AND THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW TO HER MAJESTY THE QUEEN IN COUNCIL.

To the Queen's Most Excellent Majesty in Council.

THE petition of the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, under their respective common seals humbly sheweth: That your petitioners, the Royal College of Physicians of Edinburgh are a corporation erected by Royal Charter granted by His Majesty King Charles the Second, 30th November, 1681, ratified 16th June, 1685; and of new incorporated by Royal Charter granted by your Majesty, 16th August, 1861. That your petitioners the Royal College of Surgeons of Edinburgh are a corporation erected by seal of cause granted by the Town Council of Edinburgh, 1st July, 1505, confirmed by Royal

Charter granted by His Majesty King James the Fourth of Scotland, 13th October, 1506, ratified by Acts of the Scottish Parliament passed on 17th November, 1641; 22nd August, 1670; and 17th July, 1695; of new incorporated by Royal Charter by King George the Third, dated 14th March, 1778, confirmed by Act of Parliament, 27 George III., cap. 65, as altered and amended by Act of Parliament, 53 George III., cap. 76, and incorporated with new and additional powers, privileges, and immunities by Royal Charter granted by your Majesty on the 11th March 1851, under the provisions of the Act of Parliament, 13 Victoria, cap. 23. That your petitioners the Faculty of Physicians and Surgeons of Glasgow are a corporation erected by Royal Charter granted by His Majesty King James the Sixth of Scotland, under the Privy Seal of that kingdom on 29th November, 1599, ratified by an Act of the Scottish Parliament passed on the 11th September, 1672, confirmed and amended by an Act of the thirteenth year of your Majesty's reign, chapter 20, passed on June 10th, 1850, entitled "An Act for better regulating the privileges of the Faculty of Physicians and Surgeons of Glasgow and amending their Charter of Incorporation." Your petitioners under the provisions contained in Clause 19 of the Medical Act, made and passed in the session of Parliament of the twenty-first and twenty-second years of your Majesty's reign, united and co-operated in a scheme constituting an Examining Board of the two Colleges in Edinburgh and of the Faculty in Glasgow, and in making regulations for conducting the examinations required for the purpose of qualifications to be registered under the said Act, which scheme and regulations were approved and adopted by your petitioners the Royal College of Physicians of Edinburgh, on March 18th, 1884, and by your petitioners the Royal College of Surgeons of Edinburgh, on March 11th, 1884, and by your petitioners the Faculty of Physicians and Surgeons of Glasgow, on Jan. 7th, 1884, and received the sanction of the General Medical Council, on March 31st, 1884. Your petitioners had no desire to take any step to disturb the existing arrangements, whereby the Universities alone had the privilege of granting degrees in Medicine; but in consequence of the action of the Royal College of Physicians of London, and of the Royal College of Surgeons of England, they have been constrained to apply for powers similar to those sought by these Royal Colleges. Your petitioners are therefore desirous, and it is expedient in order to encourage proficiency in the sciences of Medicine, Surgery, and Midwifery, that your petitioners should be enabled to unite and co-operate not only in conducting examinations for the purposes of the Medical Act, but also for the purpose of conferring degrees in Medicine and Surgery on persons who shall pass such examinations as may from time to time be prescribed by the Colleges and Faculty, and on persons who have already passed the examinations of the said Colleges and Faculty, and who shall have complied with such further regulations or undergone such further examination as it may be deemed proper to impose or require from time to time, and that for this purpose a Senate of Physicians and Surgeons should be constituted and incorporated, composed of an equal number of Fellows of each of the said two Colleges and Faculty, and of persons chosen by all teachers of Medicine in Edinburgh and in Glasgow, who shall have been recognised as teachers in Medicine by either of the said Colleges or Faculty prior to the establishment of the said Senate, who are not members of the Senatus of any University, and by all teachers of Medicine in Edinburgh and in Glasgow who thereafter shall be recognised by the said Senate, who are not members of the Senatus of any University, and also of persons chosen by the graduates of the Senate when the number of such graduates shall have attained to two hundred; also of the Lord Provosts of the cities of Edinburgh and Glasgow for the time being, and the chairmen for the time being of the School Boards of said cities. Your petitioners are desirous that they should have power to apportion whatever surplus funds may remain after defraying all expenses of carrying on the business of the said Senate, and of conducting the examinations for degrees as follows—that is to say, five-twelfths to the Royal College of Physicians of Edinburgh; three-twelfths to the Royal College of Surgeons of Edinburgh; and two-twelfths to the Faculty of Physicians and Surgeons of Glasgow, for the purposes of providing and maintaining such buildings, libraries, museums, &c., as may by these bodies be deemed necessary; and one-twelfth to be expended in the aid of medical teaching in Edinburgh; and one-twelfth to be expended in the aid of medical teaching in Glasgow.

Your petitioners therefore humbly pray that your Majesty will be graciously pleased to incorporate the President for the time being of the Royal College of Physicians of Edinburgh and six other persons, to be elected by the Fellows from among the Fellows of the said College; the President for the time being of the Royal College of Surgeons of Edinburgh and six other persons to be elected by the Fellows from among the Fellows of the said College; the President for the time being of the Faculty of Physicians and Surgeons of Glasgow and six other persons to be elected by the Fellows from among the Fellows of the said Faculty; the Lord Provosts for the time of the cities of Edinburgh and Glasgow, and the chairmen for the time of the School Boards of said cities; two persons to be elected from time to time by the recognised teachers of Medicine in Edinburgh as defined above, from their own number, at meetings of the said teachers to be convened by the Presidents of the Royal Colleges of Physicians and Surgeons of Edinburgh; and two persons to be elected from time to time by the recognised teachers of Medicine in Glasgow as defined above, from their own number, at meetings of the said teachers to be convened by the President of the Faculty of Physicians and Surgeons of Glasgow, with the addition (as soon as the number of graduates of the Senate to be so incorporated shall have attained to two hundred) of five persons to be elected from time to time by such graduates from their own number, under the name and style of "The Senate of Physicians and Surgeons of Scotland," with perpetual succession and a common seal, and with power to grant to persons who have complied with the regulations and passed the examinations prescribed by the Senate degrees in Medicine and Surgery, and with power to sue and be sued in their corporate name, to take, purchase, and hold lands, buildings, and property, both heritable and movable, and with such further powers, and subject to such provisions as your Majesty may think proper to grant or impose.

And your petitioners will ever pray.

Signed in name and by authority of the Royal College of Physicians of Edinburgh, ROBERT PEEL RITCHIE, M.D., President.

Signed in name and by authority of the Royal College of Surgeons of Edinburgh, JOSEPH BELL, President.

Signed in name and by authority of the Faculty of Physicians and Surgeons of Glasgow. JAMES MORTON, M.D., President.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following is a copy of the reply sent by the Association of Fellows of the Royal College of Surgeons to the Lord President of the Privy Council in answer to the "Reply" of the Council of the College.

To the Right Honourable the Lord President of the Privy Council.

The Committee of the Association of Fellows of the Royal College of Surgeons have seen in the medical journals of February 4th the "Reply" of the Council of the College to the "Statement" presented by the Association to the Lord President. This "Reply" is in so many respects misleading that they are reluctantly compelled to ask your Lordship's attention to the ensuing rejoinder.

The first clause of the "Reply" deals with the number of Members and Fellows. Without criticising the accuracy of these statistics, we would call your Lordship's attention to the fact that the number of Fellows, who are the elective body, has been for some time steadily diminishing. In the year 1874, 1295 Fellows appeared in the College Calendar, and this number has diminished slightly, but almost uniformly, every year, till in 1887 it was only 1116. The number of Fellows by examination in the year 1887 was 645. It should be remembered that the chief means by which the Fellowship examination is maintained is the requirement now general at all large London and many provincial hospitals, that their surgeons must be Fellows of the College. There have, however, recently arisen many other surgical qualifications of rival importance, such as the Mastership in Surgery at some Universities. If these were admitted by the hospitals as qualifying for their appointments (which is highly probable), the supply of Fellows by examination of the College of Surgeons would probably decline rapidly; and then the privileges which the Council are so anxious to confine to the Fellows would be in the hands of a body evidently too small to administer so important an institution. Nor would the defect be remedied by the proposal of the Council of the College to make large annual elections to the Fellowship, inasmuch as, even if the selections were always judicious, such elected Fellows could scarcely be recognised as representative of the highest surgical culture.

We are unable to agree with the second and third clauses in the "Reply" dealing with the objects of the Fellowship, and stating that all Members of two years' standing can obtain it by examination. Though it is true that the Fellows constitute the electoral body, the following extract from the Autobiography of Sir B. Brodie, to whose initiative the Fellowship owes its origin, will show that this was not its sole object:—

"The object of this institution is to ensure the introduction into the profession of a certain number of young men who may be qualified to maintain its scientific character, and will be fully equal to its higher duties as hospital surgeons, teachers, and improvers of physiological, pathological, and surgical science afterwards. With this view, if they have not University degrees, they are required to undergo a preliminary examination in classics and mathematics, while their professional education having been continued for a longer period of time, they are expected to show that they have a more perfect acquaintance with those sciences which are the foundation of medical and surgical knowledge than can be expected of the great majority of those who are candidates for practice. If this system be properly and honestly carried out, I apprehend that the result will be that the Fellowship of the College of Surgeons will be the most honourable distinction that is offered to the junior members of the medical profession."—(Sir B. Brodie's Works, vol. i., p. 103.)

This shows, beyond question, that the Fellowship was never *intended* for the same class of men as the ordinary Membership—which is, as Sir B. Brodie says, a minimum qualifying examination. It was intended as a professional distinction—a mark of honour,—and it is a creditable feature in the management of the College that the character of the Fellowship examination has been upheld. But it is a mockery to say that any Member of two years' standing may present himself for the examination, when it is perfectly well known that only the very small proportion who have had the time, money, and talent necessary to prepare themselves have any chance of passing. The "Reply" says the Fellowship can be obtained without additional expense. Few, indeed, of the candidates do not find it necessary to spend money on tuition. All must spend their time, which is money to a young surgeon or his friends. As evidence of this, we may say that last year of 142 candidates who presented themselves for the first examination for the Fellowship 67, or 47 per cent., were rejected; and of 58 who presented themselves for the final examination 27, or 46·5 per cent., were rejected. All these candidates had gone through the special training required by the College regulations.

The "Reply" then details the so-called privileges of Members. Most of these are merely the ordinary rights which no member of any society can be denied, of entrance into the common rooms, and some of them—e.g., admittance to the Museum—rest not on the pleasure of the Council, but on Act of Parliament. But as to the eligibility of Members who are not Fellows for the Examinerships, the "Reply" is most misleading, to use no stronger term. It is true that certain of the Junior Examinerships have lately (and since the beginning of the agitation carried on by this Association) been thrown open to Members; but it is distinctly the reverse of the fact to say that the Members are allowed admission to all Examinerships except those for the Fellowship. They are not eligible on the Court of Examiners, the only body which admits to the diploma of Member.

The authors of the "Statement" to the Lord President made no complaint of the original creation of an order of Fellows by election. On the contrary, we would remind your Lordship that we merely gave a critical explanation of the transaction, and expressed the opinion that no such order should be perpetuated now, but that the only entrance to the ordinary Fellowship should be by examination.

The next clause, which relates to the proposal that a Member should be qualified by a certain seniority before he can vote and before he can become a candidate for a seat in the Council, seems strange to us. Such seniority qualifications exist in the present constitution of the College, and will continue to exist, even if the modifications proposed by the Council are introduced into the Charter. But the weakness of the argument of the "Reply" on this particular is so obvious that we need not labour on the point.

Still stranger is the clause about Bye-laws. The "Reply" states that "delay and difficulty" would be caused in the passing of a bye-law by an appeal to the Fellows and Members. We say, on the contrary, that such an appeal need not involve one day's delay. In the "very elaborate" process of making a bye-law there are intervals between one act of the Council and another amply sufficient for calling a general meeting, so that no delay would occur if the Council chose to call this meeting in the interval (at least a month) between the first vote at which the bye-law is accepted and the next meeting of the Council to confirm this vote. That the proposal would entail "difficulty" in passing bye-laws condemned by the general opinion of the profession, such as that relating to the Fellowship examination, referred to in our "Statement," we cordially admit, and for that reason we press it on your Lordship's consideration. Even, however, if the progress of new bye laws were to be somewhat slower, where would be the harm? The Council has had a working experience of eighty-seven years, and it is scarcely conceivable that any occasion should arise for the urgent and hasty alteration of a bye-law. And we cannot forbear again to remind your Lordship that the Fellows and Members are bound to observe the bye-laws without, at present, the power of opposing any addition or alteration made in them.

With regard to the election of President, we may say, without fear of contradiction, that the routine method uniformly followed up to the time of the first re-election of the present President in July, 1886, is generally disapproved, and that the fact that the President has now been twice re-elected does not afford any guarantee that the former custom will not be resumed as soon as it is thought that public interest in the matter has subsided. With regard to the objections to our proposal stated in the "Reply," we answer (*a*) that while the great body of the Fellows may never have been specifically consulted in the matter, the general principle was adopted at the meeting of Fellows and Members held in 1884, and by every Member of this Association; (*b*) that the proposed arrangement is exactly that which prevails for members of Council, and which has not proved an insurmountable obstacle to the present Councillors coming forward as candidates, nor has the fact that the President of the College of Physicians is elected by a general meeting of the Fellows prevented the most eminent men in the profession from coming forward for the presidency of that body; (*c*) that if the Council are the best judges of the qualifications of their own Members for the Presidency, they have never exercised any such judgment, but have, up to eighteen months ago, passed the office round in rotation; (*d*), (*e*), and (*f*) that these supposed objections apply equally to the present method of election to the Council, and, from their not producing any of the supposed results, may be inferred to be imaginary.

We cannot but most earnestly protest against the assertion in the "Reply" that the College is not a "political" institution. A body having functions and privileges derived from the State, and having such important duties and responsibilities both to the public and to individuals, cannot be called *private*, and its well-being and good government are matters of general concern.

As to the results of the inquiries made by the Council, they are perfectly worthless for the present purpose, since the opinion of the Fellows was not asked as to the actual proposals of either the Association of Fellows or that of Members. Still, as we have shown to your Lordship, the result was clearly to prove that the majority of the Fellows have expressed no objection to the principal claims of the Members. The number of the Members who have signed the petition presented to your Lordship (4665) is, if not a majority, we believe nearly half of those in the United Kingdom who can be reached through the agency of the Post-office.

With regard to what in the "Reply" is brought forward as an instance of the inaccuracy of our "Statement," we are justified in retorting that the inaccuracy is not ours. We never said that the principle of a union between the College of Surgeons and that of Physicians had not been sanctioned by a resolution passed at a general meeting. What we complained of was that the completed scheme had not been submitted to the whole body of the College, as it was to the Fellows of the College of Physicians; and that a portion of it so vitally important as the exclusion of the Society of Apothecaries had been insisted on, in spite of the protest, not only of the Fellows and Members (also assembled in general meeting), but of the General Medical Council. It is, however, surprising to find the Council of the College now sheltering themselves under the authority of the resolution passed at the meeting in 1884, which was proposed without notice, and was carried by twelve votes against six, at the end of a long meeting, when the room was nearly empty, while they treat with entire indifference the resolutions lately passed, with only either one or two dissentients, at one of the fullest meetings that ever assembled in the theatre of the College.

With regard to the proposal in the Council for admitting fifty Members a year to the Fellowship, it was no doubt never brought on for discussion—a result which we have reason to believe was largely due to the opposition of this Association. But the fact that such a proposal was made, and (as we have also reason to believe) that it was suggested to elect even one hundred Members annually to the Fellowship, shows how strong the temptation may be for the Council to resort to measures of this kind, by which the order of Fellows can be recruited without any regard to the "professional merit" of the persons elected. The present proposal of the Council is only somewhat less objectionable; and the "Reply" of the Council itself tacitly admits that it has been emphatically condemned, by the voice of their own members, as inconsistent with the high objects for which, according to Sir B. Brodie, the Fellowship was instituted.

On all which grounds we submit to your Lordship that the "Reply" of the College leaves our "Statement" entirely unrefuted, and confirms our contention that the petition of the Council for a modified Charter should be referred back to them for reconsideration and discussion with the general body of their constituents.

GEORGE POLLOCK.

Postscript.—In order to prove to your Lordship that our sentiments are not unrepresented on the Council of the College, we beg to call your attention to the following amendment, which was moved and seconded at the meeting of the Council at which their "Reply" was settled:—

That paragraph 5 and all the succeeding paragraphs be omitted, and that in place thereof the following be inserted: 5. The Council desire to state they are in accord with the four resolutions passed at the meeting of Fellows and Members on the 24th March, 1884, which are set out in paragraphs 9 to 12 of Mr. Pollock's statement to the Privy Council. 6. The Council believe that the authority and influence of the College would be enlarged and strengthened if the proposed Supplementary Charter contained clauses giving effect to those resolutions. 7. The Council are of opinion that the precedent established in 1843, when, in the Charter obtained in that year, provision was made for calling an annual meeting to elect members of Council, should be followed now that the Council have decided to call an annual meeting to which a report from the Council shall be presented. 8. Seeing that the practice of annual election of the President by seniority merely has ceased to exist, the present President being now in his third year of office, the Council are willing to consider whether the continuance of this altered custom should not be ensured by empowering the Fellows to elect the President and Vice-presidents on some scheme of the candidates for these offices being nominated by the Council to the Fellows. Such a scheme, when settled, would require to be enacted in the Charter, as it would entail the calling of an annual meeting of Fellows. 9. The Council recognise the fact that, unless the calling of the annual general meeting of Fellows and Members and the alteration in the custom of electing the President are made obligatory by the terms of the Charter, there is a risk of these concessions becoming inoperative, inasmuch as at present their continuance depends only on the decision of the Council. 10. The Council regret that, when issuing a circular to the Fellows in 1887, with the object of obtaining their opinion on the questions of Members of the College being empowered both to vote at the election of members of Council and to be eligible for seats in the Council, they did not address inquiry to the Fellows with the object of learning their opinion as to the Fellows electing the President; but, seeing that during the four years the agitation of this subject has lasted no remonstrance from any Fellow has been received by the Council, it may be assumed the Fellows at large really desire this change. Moreover, it would appear inconsistent to speak of the Fellowship representing a higher grade than the Membership, and to admit the qualification of the Fellowship as an elective body for the membership of Council, and yet to doubt the capacity of the Fellows to elect their own President, or, if capable, to infer they are not to be trusted with the duty. The Council feel that this change will have the effect of approximating the constitution of the College to those of all the Royal Colleges of Physicians or of Surgeons in England, Scotland, and Ireland, in every one of which, under their Charters, the President is elected by the Fellows, and also in all of which, with one exception—viz., the Royal College of Surgeons of Ireland,—the Fellows meet at stated periods in their respective Colleges to discuss and approve the Acts of the Council.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Braintree Rural District.—The annual report on this district for 1886 reaches us at a date when the matters it deals with have largely lost such general interest as they may have possessed. The ordinary death-rate was 18·11 per 1000, which is too large for a district of this sort. Dr. Abbott urges that some hospital provision would enable him to do more for the prevention of infectious diseases than he can now effect, and the detailed record of his work goes to show that the need referred to is a real one.

Torquay Urban District.—Mr. Karkeek, in presenting his annual report for 1887, records his opinion that the powers obtained as to the compulsory notification of infectious diseases have worked very satisfactorily. One effect of them has been to assist in teaching the people that such diseases as scarlatina must be isolated, and that children from infected houses must not be sent to school to infect others. Every notification also facilitates inspection of the affected premises, with the result, as a rule, of leaving the house more than ever proof against preventable sickness. When the notifications are submitted to the Sanitary Committee the names and addresses are omitted, so that all undue publicity is avoided. In one instance scarlatina in a dairy became discovered under the system, and within an hour measures were taken to prevent mischief from resulting. The death-rate for the year was 13·3 per 1000, or, after deducting visitors, only 11·5. During the year twenty-five patients were admitted into the Sanatorium, the sick coming from nearly all classes of the inhabitants. Nine of the patients remained under the care of private medical practitioners, and twenty contributed a sum, realising in all over £98, to the cost of maintaining the establishment.

Hove Urban District.—Estimating the population of Hove at 23,500, the death-rate for 1887 was 14·1 per 1000, and the cases of dangerous infectious diseases were but few in number. The deaths from that class included 2 from scarlet fever, 2 from diphtheria, and 2 from enteric fever, some being due to importation. Speaking of diphtheria, Dr. Kebbell regrets that the cases were not sent into the Sanatorium, for he is able to say that there has not been a single death for several years amongst cases sent to the County Hospital, or within recent times to the new Sanatorium belonging to the authority. General sanitary work is maintained in the district with good effect.

Stroud Rural District.—Dr. Partridge, in comparing the period 1875-79 with that of the past few years, shows a marked diminution in the total and in zymotic death-rate, as well as in that of young infants; the present death-rate for all causes being 15·0 per 1000. He adverts especially to the great need for drainage for a populous locality just outside Stroud Urban District, and indicates that for sewerage purposes it might well be included in that district. The tabulated records show that there is a good deal of administrative supervision and of good work in the district, but they at the same time show, in such matters as polluted water supplies, that continued activity in pushing on sanitary work is needed.

Stroud Urban District.—Here Dr. Partridge records a general death-rate of 14·7 as opposed to 19·6 per 1000 in 1880-84. With no provision for isolation, and with only the most rudimentary appliances for disinfection, the authority are warned that, in case of any epidemic extending to their district, they would be comparatively helpless to deal with it. How many authorities have had the same thing told them, and how many there are who have waited until the epidemic has come, and then they have, as now with small-pox in the north of England, bitterly regretted that they have ignored the advice given them. Schools in Stroud have this past year been closed owing to infectious disease among the children; the principal disease was measles. In some parts of the town disease had been associated with the use of polluted water, and this notwithstanding a wholesome town service. The sanitary authority should see to the removal of such an obvious condition favouring disease and death, before the very consequences which they are elected to prevent have been allowed to take place.

Bisley Rural District.—A general record of sanitary proceedings is given in the fourteenth annual report which Dr. Partridge has submitted as to this district. The death-rate for 1887 was 13·2 per 1000. Certain local water services need attention, and one which is of a public character, and as to which the sanitary authority have consequently responsibility, is allowed to become so unfit for use that the people will not resort to it. Otherwise some steady sanitary work seems to be maintained in the district.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5478 births and 3888 deaths were registered during the week ending February 25th. The annual rate of mortality in these towns, which had been 21·9 and 20·9 per 1000 in the preceding two weeks, rose again last week to 21·6. During the first eight weeks of the current quarter the death-rate in these towns averaged 22·4 per 1000, and was 1·8 below the mean rate in the corresponding periods of the ten years 1878-87. The lowest rates in these towns last week were 13·0 in Cardiff, 15·7 in Derby, 16·7 in Norwich, and 16·8 in Hull. The rates ranged upwards in the other towns to 25·0 in Sheffield, 25·4 in Manchester, 26·5 in Salford, 28·5 in Blackburn, and 32·2 in Plymouth. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 491 and 405 in the previous two weeks, rose again last week to 429; they included 173 from whooping-cough, 70 from scarlet fever, 46 from measles, 43 from "fever" (principally enteric), 40 from diphtheria, 29 from small-pox, and 28 from diarrhœa. These zymotic diseases caused the lowest death-rates last week in Newcastle-upon-Tyne and Brighton, and the highest rates in Plymouth, Manchester, Blackburn, and Sheffield. Whooping-cough caused the greatest mortality in Derby, Manchester, Leicester, and London; scarlet fever in Blackburn, Cardiff, and Birkenhead; measles in Blackburn and Plymouth; and "fever" in Derby. The 40 deaths from diphtheria in the twenty-eight towns included 30 in London, 3 in Liverpool, 2 in Salford, and 2 in Preston. Small-pox caused 20 deaths in Sheffield, 5 in Manchester, 1 in Greater London, 1 in Liverpool, 1 in Oldham, 1 in Blackburn, and 1 in Leeds, but not one in any of the twenty-one other large provincial towns. The Metropolitan Asylum Hospitals contained only 6 small-pox patients on Saturday last, corresponding with the number at the end of the previous week; the Highgate Small-pox Hospital contained 1 patient. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 1377 at the end of last week, against numbers declining steadily in the preceding twelve weeks from 2764 to 1470; the 100 cases admitted to these hospitals during the week showed a further decline of 11 from the numbers in the preceding two weeks. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding five weeks from 591 to 487, further fell last week to 478, and were 23 below the corrected average. The causes of 70, or 1·8 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leeds, Brighton, Bolton, and in six other smaller towns; the largest proportions of uncertified deaths were registered in Hull, Blackburn, and Preston.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 22·5 per 1000 in each of the preceding two weeks, was 22·6 in the week ending February 25th; this rate exceeded by 1·0 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns ranged from 10·1 and 16·1 in Greenock and Aberdeen, to 26·9 in Glasgow and 27·8 in Paisley. The 571 deaths in the eight towns showed an increase of 3 upon the number returned in the previous week, and included 32 which were referred to whooping-cough, 9 to measles, 9 to diarrhœa, 7 to diphtheria, 3 to scarlet fever, 1 to "fever" (typhus, enteric, or undefined), and not one to small-pox; in all, 61 deaths resulted from these principal zymotic diseases, against 62 in each of the preceding two weeks. These 61 deaths were equal to an annual rate of 2·4 per 1000, which corresponded with the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 25, 24, and 21 in the preceding three weeks, rose last week to 32, of which 20 occurred in Glasgow, 5 in Paisley, and 4 in Edinburgh. The 9 deaths from measles included 6 in Edinburgh and 3 in Leith, and exceeded by 1 the number in the previous week. The 9 deaths attributed to diarrhœa were fewer by 2 than the number in the previous week; 4 were returned in Glasgow and 3 in Paisley. The 7 fatal cases of diphtheria showed a decline of 7 from the number in the previous week, and included 3 in Glasgow and 2 in Edinburgh. Two of the 3 deaths from scarlet fever (showing a further decline from the numbers in recent weeks) occurred in Glasgow, and the death from "fever" in Paisley. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 128 and 148 in the preceding two weeks, were last week 135, and exceeded by 14 the number returned in the corresponding week of last year. The causes of 80, or 14 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 29·9 and 25·9 per 1000 in the preceding two weeks, rose again to 28·4 in the week ending February 25th. During the first eight weeks of the current quarter the death-rate in the city averaged 31·7 per 1000, the mean rate during the same period being 22·6 in London and 23·3 in Edinburgh. The 192 deaths in Dublin showed an increase of 17 upon the number returned in the previous week; they included 8 which were referred to scarlet fever, 4 to whooping-cough, 3 to "fever" (typhus, enteric, or undefined), 2 to measles, and not one either to small-pox, diphtheria, or diarrhœa. Thus the deaths from these principal zymotic diseases, which had declined in the preceding four weeks from 33 to 17, were again 17 last week; these deaths were equal to an annual rate of 2·5 per 1000, the rate from the same diseases being 2·8 in London and 2·4 in Edinburgh. The fatal cases of scarlet fever, which had been 6 and 7 in the preceding two weeks, further rose to 8 last week. The deaths from whooping-cough corresponded with the number in the previous week, while those from "fever" and from measles showed a slight increase upon recent weekly numbers. The deaths both of infants and of elderly persons exceeded the numbers returned in the previous week. Four inquest cases and 2 deaths from violence were registered; and 53, or more than a quarter, of the deaths occurred in public institutions. The causes of 20, or rather more than 20 per cent., of the deaths in the city were not certified.

THE SERVICES.

WAR OFFICE.—Scots Guards: Surgeon Geo. S. Robinson to be Surgeon-Major, in succession to Brigade Surgeon W. R. Lane, retired (dated Dec. 31st, 1887).

ADMIRALTY.—Staff Surgeon George Henry Madeley has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet (dated Feb. 21st, 1888).

The following qualified candidates for the Naval Medical Service have been appointed to be Surgeons in Her Majesty's Fleet (dated Feb. 22nd, 1888): Johnston Hamilton Acheson, M.B., John McElwee, M.D., Paul Wilkes Fraser, D'Arcy Harvey, M.B., Frederick William Collingwood, Reginald Thos. Alexander Levinge, John Christopher Ferguson, M.B., and Edward Pain Mourilyan, M.B.

The following appointments have been made:—Fleet Surgeon E. Mead, to the *Asia;* Staff Surgeon Thomas L. Horner, to the *Cambridge;* and Surgeon Edward R. D. Fasken, to the *Excellent.*

RIFLE VOLUNTEERS.—4th Volunteer Battalion, the Durham Light Infantry: Surgeon W. C. Blackett is granted the honorary rank of Surgeon-Major (dated Feb. 25th, 1888).—1st Volunteer Battalion, the South Staffordshire Regiment: Honorary Assistant Surgeon W. F. M. Jackson is appointed Acting Surgeon (dated Feb. 25th, 1888).—1st Volunteer Battalion, the Duke of Wellington's (West Riding Regiment): Acting Surgeon W. E. Gascoigne resigns his appointment (dated Feb. 25th, 1888).

Correspondence.

"Audi alteram partem."

LOCAL ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—I have been much interested in Mr. Tweedy's observations on the action of erythrophlœine upon the eye. I pointed out in 1875[1] that the erythroplœum bark had the same action upon the heart as digitalis, and it is interesting to note that the active principle has the same action upon the eye as digitalin. Messrs. Homolle and Quevenne observed that digitalin produced a slight opalescence in the lens, with slight dilatation of the pupil and diminution of its contractility. I did not notice any dilatation of the pupil in experiments upon my own eyes, which I may perhaps be allowed to quote. "When digitalin is introduced into the eye, it causes smarting and profuse lacrymation, which passes off in a short time, and nothing more is felt, except perhaps an occasional rough feeling of the conjunctiva, till four or five hours after, when on looking at a light you see it surrounded by a halo, presenting the prismatic colours, and not quite close round the light, but with a dark space between. This halo increases in diameter the further you move from the light, and becomes smaller and narrower as you approach. I have noticed an appearance exactly similar when light cirrhi were crossing the moon."[2] From this resemblance between the action of erythrophlœine and digitalin, it seems not improbable that strophanthin, helleborein, and all the other drugs belonging to the group of so-called cardiac poisons, may have a similar action upon the eye. I did not observe any anæsthesia, but, as I was not looking out for it, it may have been present, and, if so, it is possible that these other substances may also produce it. It must be carefully noted that the digitalin which I used in my experiments has been shown by Schmiedeberg to be a compound of no less than four substances—one of them, digitonin, having an action very much like saponin. Now, saponin has been found to have both a local irritant and local anæsthetic action; and if erythrophlœine is, like digitalin, a mixture and not a pure active principle, it is very likely that the different results obtained by Dr. Lewin and by Mr. Tweedy may depend upon the different composition of the substances they used, although these substances may bear the same name. It is quite certain that the number of substances which have a more or less local anæsthetic action is very considerable, and we are likely to hear of new ones every day. Thus, Mays[3] has shown that brucine, hydrastin, theine, and guaranine have a marked local anæsthetic action, and this property is observed in a great many members of the so-called aromatic series of bodies. Carbolic acid is a powerful local anæsthetic and the same property is possessed in a very marked degree by antipyrin. The local anæsthetic action of this drug was, I believe, pointed out by Professor Sée; and my friend, Dr. Sidney Martin, informed me some months ago that on subcutaneous injection he had found that it produced a very marked local anæsthesia, which might last for days or even weeks. I have tried it myself by painting a 50 per cent. solution of it on the abraded skin, and afterwards touching the part with tincture or liniment of iodine. Such a solution I found to be nearly as powerful as a 20 per cent. solution of cocaine, but the solution of antipyrin caused rather more smarting than that of cocaine. This powerful local anæsthetic action of antipyrin has, I think, not yet attracted much attention, and it seems to me possible that it might prove useful, as the price of the drug is so much less than that of cocaine.

I am, Sirs, your obedient servant,

Stratford-place, W., Feb. 23rd, 1888. T. LAUDER BRUNTON.

[1] Angola and the River Congo, by I. Monteiro, p. 96. (Macmillan, London.)

[2] Lauder Brunton on Digitalis. (Churchill and Sons, London, 1868.)

ELECTROLYSIS.

To the Editors of THE LANCET.

SIRS,—I have employed electrolysis in "fibrous and other tumours on the external surface of the body," to which the concluding paragraph of your leading article of Feb. 25th makes reference, in some instances with eminently satisfactory results. In the eleventh volume of the Transactions of the Clinical Society of London will be found reports of cases of epulis treated by electrolysis by myself and the late Dr. Mac Oscar. My paper was read on April 12th, 1878. I said that the electrolytic treatment of tumours and morbid growths is of value in proportion to the inapplicability of other methods of removal; and my subsequent experience sustains me in that opinion. But the electrolytic current (the constant current in a mild form) is of great use in other local diseased conditions. Sir Spencer Wells, as far back as 1853, wrote in the *Medical Gazette* of the usefulness of a mild galvanic current in bringing about a healthy action in indolent sores, and in consequence of reading his paper I successfully employed such current in a case of obstinate sinus on the cheek, which had defied much treatment at the hands of many surgeons. I advocated its employment in sinuses of the breast left after abscess at the Obstetrical Society in 1861. In the treatment of tumours, however, I was following Dr. Althaus's lead of 1867. I was disappointed with the effect in a case of cheloid, but in angioma I should hardly think of any other than the electrolytic treatment.

I am, Sirs, your obedient servant,

Feb. 27th, 1888. T. W. NUNN.

"THE MEDICAL AND VETERINARY SCIENCES."

To the Editors of THE LANCET.

SIRS,—In the report of the proceedings of the Medical and Chirurgical Society in your issue of Feb. 25th an expression is used which, standing alone, must lead your readers to suppose that in the course of my remarks on "tuberculosis" I made some severe strictures on the members of the medical profession. The remarks made by me under this head were inspired by the tone of an annotation in your issue of Feb. 11th, and to which Mr. Lambert has called attention:—1. In reference to your statement that it is to the members of the medical profession the credit is due of having directed attention to the development of a disease in the human subject (scarlatina) from a bovine disease, I stated that the medical profession was quite welcome to such credit, seeing that I was not acquainted with any responsible member of my profession who had attempted to prove that which never existed. 2. In reference to your statement that it has been members of the medical profession who have taken the initiative in studying and discussing the relationship which exists between human and bovine tuberculosis, I gave a history of the endeavours that had been made by the members of my profession during the last fifteen years to bring this

[3] Journal of Physiology, vol. vii., p. 461.

matter before the proper authorities, and until my paper is published I must ask that the judgment of those concerned in this matter be deferred. I will only say here that Mr. Lambert has claimed a priority for Dr. Fleming which that gentleman himself would not have claimed, seeing that he was one of the editors of the *Veterinarian* in 1872, and that in the September number of that journal an essay is printed which was read by me at a meeting of the West of Scotland Veterinary Association, held in Glasgow in August of that year, on the subject of Tuberculosis, and in which the following remarks occur: "If the contagious character of tuberculosis is established, another (though perhaps a remote one) source of contamination is opened up before us—viz., from persons or animals eating raw or improperly cooked meat; or, more strongly, livers or other internal organs from animals that have suffered from this affection" (p. 682). "There are few animals the subject of tubercle whose carcases should be used for human food, no matter what the monetary loss may be" (p. 684).

I am, Sirs, yours obediently,

THOMAS WALLEY.

Royal Veterinary College, Edinburgh, Feb. 28th, 1888.

"TENOTOMY AND RAPID REDUCTION OF DEFORMITY."

To the Editors of THE LANCET.

SIRS,—I wish to add to the opinion expressed in your issue of Feb. 25th by Mr. Noble Smith my own testimony as to the value of the "immediate method" of treating talipes. For two years I have been in the habit of placing the foot at once in the correct position, and in no instance have I found reason to regret having done so. I gathered from Mr. Marsh's paper that he still adopted the custom of dividing the tendons in equino-varus from before backwards, as usually practised. My own experience is that in all infants it is wiser to divide the tendo Achillis first, and in the majority of the cases so treated there will be no need to interfere either with the plantar fascia or the tibialis. It is in cases treated in this manner that the manipulation as described by Mr. Marsh proves so serviceable.

I am, Sirs, yours obediently,

LEWIS W. MARSHALL, M.D.,

Nottingham, Feb. 26th, 1888. Surgeon to the Children's Hospital.

TRAUMATIC ANEURYSM FOLLOWING SUBCUTANEOUS OPERATION.

To the Editors of THE LANCET.

SIRS,—The paper by Mr. Howard Marsh, in your issue of Feb. 18th, on Rapid Extension of the Foot after Tenotomy, and the case of Aneurysm of the Plantar Artery, reported in a recent number by Mr. Walsham, are of much interest when considered together, apart from that which each possesses independently.

On the general plan of treating deformities of the foot which Mr. Howard Marsh advocates I do not propose to offer any criticism, for, as he justly writes, there must be a good deal of latitude of opinion on such a question; but the method of applying extension directly upon the subcutaneous section of any tissue appears to me to favour the development of an aneurysm in the event of an artery being wounded, and to this point I venture to call attention. I note that the extension is advised to be carried on in three stages, and that the writer does not advocate *immediate extension*. By the latter term evidently is meant *complete* immediate extension, as opposed to the *partial* immediate extension which is recommended. This latter method, from the report given, appears to have been followed in the case reported by Mr. Walsham. It is stated that the foot was placed in plaster-of-Paris after section of the plantar fascia, and no mention is made of the casing being removed or reapplied during the time the child was in the hospital. To the employment of immediate extension I should attribute the development of aneurysm in this case. In performing subcutaneous section of contracted tissues on the inner side of the sole of the foot, it is almost impossible to avoid dividing the internal plantar artery, and also, no doubt, in many cases the posterior tibial artery is wounded when tenotomy of the tendon of the tibialis posticus muscle is attempted. That traumatic aneurysm very seldom becomes developed under such circumstances is somewhat remarkable, and is probably due to the general practice adopted of applying pressure to the divided parts, and of allowing the foot to remain in the position of distortion for a day or so before commencing to reduce the deformity. With this plan of treatment any divided tissues, other than those which are contractile, are kept in apposition under pressure, thus favourably placed for the severed ends of an artery to become closed. When extension—whether complete or partial—is made, a space is supplied within which a traumatic aneurysm may very readily be formed. For this reason I would suggest that in all cases after subcutaneous operation pressure should be applied, and the divided tissues be kept as nearly as possible in their former positions, until the fourth or fifth day. With this precaution extension may be subsequently employed, after what manner the surgeon may select, without any risk of an aneurysm becoming developed.

I am, Sirs, yours truly,

February, 1888. F. R. FISHER.

BIRMINGHAM.

(*From our own Correspondent.*)

BIRMINGHAM ATHLETIC CLUB.

LORD CHARLES BERESFORD presided at the twenty-second annual display held by this club at the Town Hall on the 21st inst. At the close of the performances he expressed his belief that it was necessary at the present time to encourage in this way every kind of manly sport, because so many people were driven from the country into the towns, where it was impossible to get fresh air and exercise sufficient to keep them healthy or even cheerful by other means. He was of opinion that the service rendered by the army and navy, where ability, chivalry, and pluck were exhibited, was mainly brought about by lives of exercise. It conduced also to sobriety and self-denial, and in this respect tended to solve one of the greatest problems of the day. An enthusiastic reception and a cordial vote of thanks showed how much these remarks were appreciated by a large and admiring audience.

THE HEALTH OF THE BOROUGH.

At a meeting of the Town Council held on February 21st the Health Committee offered a most satisfactory report. The death-rate, it was pointed out, had declined most notably, and now Birmingham stands at the head of the towns with which it is compared. Thus the average annual death-rate for the preceding ten years was a little over 24 per 1000, while in the ten years ending 1887 it was a little over 20 per 1000. Bearing in mind the increase of the population, and the density in some areas of the town, this must be regarded as an encouraging indication of the results attained by the sanitary improvements which have been constantly going on. There is ground for still greater advance, and the direction in which this might profitably be expected is in the saving of infant life. So many causes combine to uphold this constant sacrifice that it is only by the greatest vigilance and determined care that the prevention will come. Warnings are insufficient, protests are of no avail, teaching is futile; while helpless infants are overlain, crammed with unsuitable food, or left without fireguards in the midst of danger, to say nothing of the many ways in which they are exposed to diseases by indifference to natural laws and common sense.

HOW INFECTION MAY BE SPREAD.

The inspector of nuisances for the Solihull Sanitary Authority lately reported to the board an instance of an outbreak of scarlet fever which he had traced to its source. He obtained a list of absentees from the school, and, on investigating the cases, found in one house a girl desquamating from scarlet fever, while several children belonging to neighbours were playing about the house. A basket of washing had just been returned to a house where there was a large family. In another house he found three children with scarlet fever, with one in a state of desquamation attending the school. From here also a basket of washing had been sent to a house with a family of children. In all, ten children were sent to the infectious hospital; one was treated at home. Wisely, the medical officer ordered the schools to be closed. Such ignorance as shown by the parents of the affected children is plainly culpable, and calls for

prompt condemnation. But for the activity of the authorities the spread of this dangerous disease would have been indefinite, and probably attended with serious consequences.

PUBLIC LECTURES.

A course of free lectures is advertised to take place in Queen's College on the Air we Breathe. The number given is to be four: The Air, by Professor Tilden; the Lungs and Air-passages in Man and Animals, by Professor Windle; Respiration, by Professor Allen; Ventilation and Drainage, by Dr. Morrison. The well-known ability and distinguished positions occupied by the lecturers are sufficient guarantee of the prospective interest of the course.

Birmingham, Feb. 25th.

LIVERPOOL.

(From our own Correspondent.)

HOSPITAL SUNDAY.

THE date of the next Hospital Sunday (1888) was discussed before the committee on Feb. 24th, some of the members wishing it to be in May, while others were of opinion that the date should be the second Sunday in January, as at present. Eventually it was resolved to make no change.

CHARGE OF ARSON AGAINST A CHEMIST AND SURGEON-DENTIST.

Mr. Walter Fletcher, a surgeon-dentist and chemist of Skelmersdale, was tried at the assizes for arson, it being alleged that he wilfully set fire to his premises. The evidence showed, however, that the fire was caused accidentally, and the jury not only acquitted the accused, but also expressed an opinion that he left the Court without a stain on his character.

THE MAYOR AND THE HOSPITALS.

The present Mayor of Liverpool (Mr. Oakshott) has nearly completed an agreeable part of the mayoral duties in presiding at the annual meetings of the various hospitals, which are held during January and February. Not content with this, he has visited each of the various institutions, generally accompanied by Mrs. Oakshott, and has thus been enabled to speak from personal observation as to the condition of each hospital. This is an example well worthy of imitation.

Liverpool, March 1st.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE DISPENSARY.

AT the late annual meeting of the Newcastle Dispensary, the Mayor presiding, the resident medical officer, Dr. Ridley, presented the medical report, which shows that the work of the past twelve months had much exceeded that of any previous period in the history of the charity, mainly attributed to the alterations in the out-door department of the Royal Infirmary. The general summary shows that the total number of cases treated during the year was 24,909; compared with the previous year, an increase of 1973 cases. There had been 6028 cases attended at their own homes by the medical staff, being 2624 more than in the previous year. This increase is for the most part attributed to an epidemic of measles in the spring. There had been a decrease of 122 in the casual cases, including aural, dental, and skin. The committee report that the practice of workmen who were not regular subscribers buying letters at the rate of eight per guinea was growing; indeed, a tendency was distinctly observable among this class to look upon the dispensary as a medical club, and the committee were strongly of opinion that this position was one in which the dispensary should not be placed.

CUMBERLAND INFIRMARY.

The annual report of the Cumberland Infirmary, Carlisle, shows that the number of patients had been 629, as against 657 in the previous year, and an average of 671 on that of ten years. The report and statement of accounts, which were considered satisfactory, were, on the motion of the Bishop of Carlisle, who presided, adopted; and it was mentioned that the treasurer had been successful in raising £1500 as a Jubilee Memorial Fund.

CARLISLE DISPENSARY.

The medical report for last year of the Carlisle Dispensary shows that 3247 cases had been treated, an increase on the previous year of 324. In the face of an adverse financial statement, a "new departure" was suggested by the chairman in the arrangements of the charity, and he said he could not help thinking that if the dispensary were more of a provident institution it would be better for its people and its funds. A committee was appointed to follow up the chairman's suggestion in obtaining the necessary information for the purpose.

THE HEALTH OF CHESTER-LE-STREET.

Dr. Duncan, the medical officer of health for the Chester-le-Street Rural Sanitary Authority, in his report, says that the infant mortality is a very serious matter. Out of 925 deaths 321 are of children under twelve months, while 490, or over one-half, of the deaths are of children who have not reached five years of age. The death-rate of Chester-le-Street itself is not high—15·8 per 1000. Dealing with measles, he says: "This disease is treated by the public at large as if there was no danger in it, the popular idea being that all children must take the measles, and the sooner it is over the better. My impression is that no infectious disease plays so much havoc amongst children as measles, because you have not only to consider the number of deaths but also the damage done to the lungs &c. of the survivors."

Newcastle-on-Tyne, Feb. 29th.

EDINBURGH.

(From our own Correspondent.)

THE CHAIR OF BOTANY.

DR. BAYLEY BALFOUR, the newly appointed Professor of Botany in the University of Edinburgh, is the son of the late Professor J. Hutton Balfour, who occupied the same post from 1845 to 1878. He was educated at the University of Edinburgh, and is a Doctor of Medicine and of Science. He has had a distinguished career as a student of Natural Science, and has occupied a number of important teaching posts. From 1871 to 1878 he acted as assistant to the late Professor Balfour, acting also during the latter half of that period as assistant to the late Sir Wyville Thomson. In 1879 he became Professor of Botany in Glasgow University, in the room of the late Professor Dickson, who then obtained the Edinburgh chair; and in 1884 Dr. Balfour was appointed Sherardian Professor of Botany in the University of Oxford, a post that he has held till the present time. As an author, he has already accomplished a great deal of valuable work, having published complete accounts of the Botany of the Islands of Socotra and Rodriguez, and having translated Goebel's Classification and Morphology of Plants and De Bary's Morphology and Biology of Fungi into English for the Oxford University Press. In addition, he is an editor of the Annals of Botany, an important organ representing current thought and work in the science; he is a contributor to numerous systematic works in French and German as well as in English, and has published many monographs on botanical subjects. His success as a lecturer in the University during the illness of his father in the summer session of 1878, and the warm regard which he then awakened among his students, augur well for his brilliant success in the responsible post to which he has now attained.

THE REGISTRATION OF PLUMBERS.

Last week an influential meeting of citizens was held under the presidency of Professor Sir Douglas Maclagan, to discuss the propriety of forming a district council for Edinburgh and the east of Scotland, to act in concert with the London Plumbers' Company in furthering the scheme for a national system of registration. It was generally felt at the meeting that the object in view was a very important one, and that every effort should be put forth to ensure its accomplishment. As the whole of the fraternity of plumbers had been canvassed in regard to the matter, and as opinion was unanimously in favour of the project, the meeting at

once proceeded to elect the district council, consisting of about forty members, on which the master plumbers, the operative plumbers, and the general public are about equally represented. The Council having been duly elected, it was further entrusted with powers to draw up rules for carrying on the movement. On the Council are several medical representatives, also a considerable contingent of leading architects and engineers, so that it is well balanced in its constitution and well adapted to exercise the important functions that are to be assigned to it.

THE SCOTTISH VETERINARY MEDICAL SOCIETY.

At the annual meeting of this Society, held last week, it was decided by a unanimous vote to wind up the affairs of the Society, to dispose of its property, and to hand over the surplus funds—between £20 and £30—to the Veterinary Benevolent Fund. The Society has had a useful and, till lately, a harmonious career during its existence of nineteen years; and there is little doubt that it has been largely instrumental, backed by the energy of its founders and leading members, in awakening the great energy now displayed in veterinary science in this city. It is therefore with great regret that I have to announce its dissolution.

Edinburgh, Feb. 29th.

DUBLIN.

(From our own Correspondent.)

DEATH OF DR. CROKER KING.

DR. CROKER KING, Medical Commissioner to the Local Government Board, died at his residence in Dublin on Tuesday morning, Feb. 28th. He had been ill for some weeks, and last week the gravest apprehensions were felt as to his recovery. The post now vacant by his death is about the best medical appointment in Ireland; the position is an excellent one, the emoluments all that can be desired, and the duties not too arduous. The gift lies in the hands of his Excellency the Lord-Lieutenant.

THE COLLEGE OF PHYSICIANS AND APOTHECARIES' HALL OF IRELAND.

On Feb. 29th, before the Vice-Chancellor, counsel for the College of Physicians sought for a decree declaring that the Apothecaries' Hall is not entitled to hold a qualifying medical examination under the Medical Act, 1886, or to grant a diploma in respect to medicine within the meaning of that Act. The arguments had not concluded when the Court rose.

SMALL-POX IN DUBLIN.

The outbreak of small-pox so far is a comparatively mild one, and but one death has occurred up to the present, that of an unvaccinated infant. Cases, however, of the disease crop up occasionally, and great watchfulness is necessary in isolating the patients attacked as much as possible, so that the outbreak may not develop into an epidemic. From the last return it appears that three fresh cases were admitted into hospital during one week, as compared with one admission in each of the two weeks previous. At present there are thirteen cases of small-pox under treatment in hospital.

HEALTH OF IRELAND FOR DECEMBER QUARTER.

During the past quarter there were registered 26,015 births and 21,191 deaths. The birth-rate was 0·3 under the average rate for the corresponding quarter of the past five years, while the death-rate was 1·5 over the rate for the corresponding quarter of 1886, and 0·8 above the average for the fourth quarter of the five years 1882-86. The returns of pauperism, compared with those for the December quarter of the year preceding, show a slight increase in the average number of workhouse inmates on Saturdays during the quarter, and a slight decrease in the average number of persons on out-door relief.

DEATH FROM HYDROPHOBIA.

A woman named Curtis died in one of the Dublin hospitals last Sunday from hydrophobia. Five weeks since she was bitten on the lip by a rabid greyhound, the wound being cauterised and stitched by a local practitioner. Symptoms of the dread disease appeared last week, and she was admitted from Santry on the 24th inst. to a Dublin hospital, where she died two days afterwards.

Dublin, March 1st.

BELFAST.

(From our own Correspondent.)

THE THOMPSON MEMORIAL INSTITUTION, LISBURN.

FROM the annual reports submitted at the annual meeting on Feb. 13th, we gather that in this home for incurables there were 36 patients on Dec. 31st. Since then 3 have been admitted. During the year 37 patients were received into the institution, 17 died, and 6 left of their own accord, leaving 50 in the home at the end of last year; 52 was the greatest number of patients in the home at any time. During the year the Board of Management has received from the trustees of the Thompson Memorial Institution the sum of £1747 6*s.* 9*d.* It has also received £89 13*s.* 11*d.*, being income-tax refunded by the Board of Inland Revenue. These sums, with interest on the current account at the bank, make a total of £1852 4*s.* 4*d.* The disbursements made by the Board of Management for the past year amount to £1571 14*s.* 2*d.*

THE BELFAST WATER SUPPLY.

For some time the attention of the Belfast public has been directed to the very important question of the water supply. Owing to the long-continued and persistent deficiency in the rainfall, the inhabitants have had to put up with an intermittent supply of water, but it was generally believed the quality of the water was fairly good. However, on the 9th of the present month a member of the Town Council appeared before the Public Health Committee and alleged that the reservoir from which a portion of the town (Dock Ward) is supplied was being contaminated with sewage matter. As a result, a deputation was appointed, consisting of Dr. Browne (medical officer of health), the executive sanitary officer, and the borough surveyor, to examine into the condition of the localities in which it was stated the water was rendered impure, and a special meeting of the Town Council was held on Monday last to receive and consider this report. It may be as well, before giving this, to state the allegations made by the town councillors who believe that the water is impure. These were: 1. That a stream (Carr Glen) flowing from the north found its way into the Water Commissioners' reservoir. 2. That this stream was contaminated by sewage matter. 3. That a metal pipe containing sewage matter was carried over the water in the reservoir in question in which the sewage was discharged from the pipe, and that this pipe was carried under the water of the reservoir at a point where dead fish were found by them and other ratepayers. 4. That sewage matter from twenty-one houses and meadows adjoining the reservoir discharged itself into the pipe. The deputation appointed by the Health Committee reported that on the day (Feb. 10th) they visited the localities referred to they could observe no sewers communicating with or leaking or draining into the reservoir. They were unable to see any dead fish. Six samples of water taken by them at different places have been forwarded to the borough analyst for examination. The houses pointed out as those alleged to be drained into the water-course conducted through the Water Commissioners' property by a culvert, and discharging into their by-wash, are not so drained, but are drained into the sewers of the town. The deputation admit, however, that there is a leakage of sewage in the field near a place called Old Park House, and they say steps are being taken to remove this defect. The surface water of this field flows towards the watercourse, discharging into the by-wash. Further, the deputation report that they observed a farmhouse outside the borough, near the Carr Glen stream, where they think precautionary measures should be taken to prevent impurities polluting the stream. A counter-report was also presented at this meeting from the two town councillors who first brought the matter before the Health Committee. They accompanied the deputation sent by the committee in their investigation of the districts said to be contaminated, and they declare that all their charges have been amply sustained. They have also selected samples of water and forwarded them for analysis. A report has also been drawn up by the Water Board, to the effect that there is little or nothing amiss. On Jan. 21st, at a meeting of the Board of Guardians, a report was presented from Dr. Newett and Mr. Johnston, rural sanitary officers, with reference to the alleged

sewage contamination of the Carr Glen stream. They state that an overflow from a sewage tank runs into the stream, and they found the drainage from a dwelling-house and byres flowing into a ditch which opens directly into the stream, and other sources of pollution in a cesspool and manure heap. They advise, among other things, "that no water from the Carr Glen stream be received into the reservoir for supply to the inhabitants of Belfast until the several sources of pollution shall have ceased to exist." This advice the Water Commissioners have since decided to follow. The natural alarm created by these reports ought, however, to be allayed by the fact that in Dock Ward (to which this water-supply is conveyed) from June 3rd to Feb. 17th, of the 286 deaths registered, six only were from typhoid fever, and the dispensary doctors have reported that the recent high death-rate is not owing to the quality or scarcity of the water. In the meantime, the public are eagerly awaiting the result of the analysis of the water, as until this is given no conclusions can be drawn. One thing, however, is evident—the present arrangements for supplying such a rapidly growing town as Belfast with water are utterly deficient with the present rainfall. The Water Commissioners are very wisely pushing on with the new works at Stoneyford, and hope to have a supply from this new source conveyed to town as early as August, but it is plain to everyone that they must go a step further and get the supply from Lough Neagh, where there would be a never-failing source of water. This immense lake (fifteen miles long by eleven in breadth) is within a short distance of Stoneyford, and by means of pumping apparatus the water could be easily conveyed to the reservoirs there from the lake and thence to Belfast. Further, the taking of the water supply from Lough Neagh would tend to drain to some extent the surrounding districts, which suffer greatly in wet seasons.

THE THRONE HOSPITAL.

From the report of the Consumption department of this hospital read at the second annual meeting, it appears that twenty-three patients have been under treatment during the year in the eight beds. It may be remembered that Mr. Forster Green offered to build a wing at the Throne Hospital for consumptive patients on condition that £15,000 were raised, but as only £7000 were promised this offer has been withdrawn. Mr. Green, who was present at the meeting on Tuesday, said that he intended to invest the money he had promised, and was open to advice and instruction as to how he could best use it for the benefit of the largest number. He felt that £20 spent wisely and judiciously in the homes of sufferers would do more good than £40 in the hospital. The sufferers would be tended by their own kindred, and this scheme of relieving patients he believed would be a much better one than any he had yet heard suggested.

Belfast, Feb. 22nd.

NEW YORK.

(From our own Correspondent.)

ADMISSION OF A SANE PERSON TO AN INSANE ASYLUM.

ONE of the most recent causes of popular excitement in this city was the graphic and highly exaggerated narration of the adventures of a newspaper reporter, who succeeded in entering an insane asylum through the ordinary procedure for commitment. Professedly she endeavoured to appear sane, but the medical examiners state that she resorted to other means of deception, such as asserting that she heard voices speaking to her. She succeeded in deceiving the examiners, and was duly committed to the Insane Asylum for Women on Blackwell's Island. Her condition did not awaken suspicion, and she remained in confinement for several weeks, when the editor of the paper who engaged her in this enterprise secured her release. Her description of the adventure, illustrated with newspaper cuts, filled the papers for several days, creating great excitement. The effect of this publication has borne fruit in the form of Bills presented to the Legislature of the State, now in session, modifying the present law of commitment. One of the most important of these Bills emanates from a society for the protection of the insane, and is remarkable chiefly for its return to the first legislation of this State. Our present law of commitment was derived from the English law, but is even more humane in its purport. The principle which underlies this law is that the insane should be treated as sick persons, and that the asylum is designed to afford treatment for the purpose of cure quite as much as for custody. The Bill referred to proceeds upon the belief that the insane are criminals or vagrants, and speaks of them as the "accused." A jury is to be summoned to "try the question of insanity of the accused, and such trial shall be conducted in all respects as a trial for felony." In effect, this Bill calls for the re-enactment of the first law of the State in regard to the insane passed in 1788, which was copied from the English Vagrant Act of 1744. That law provided that "persons who, by lunacy or otherwise, are furiously mad, or are so far disordered in their senses that they may be dangerous to be permitted to go abroad, may be apprehended and kept safely locked up in some secure place," and, if necessary, "be there chained." While it is not possible to secure the enactment of such a law, the attempt of a society organised to protect the insane to obtain such legislation is a sad commentary upon the enlightenment of the people in regard to the nature of insanity and the wants of the insane.

NATIONAL CONTROL OF QUARANTINE.

The arrival of cases of cholera at the Port of New York has awakened a new interest in the question of national *versus* State control. The College of Physicians of Philadelphia has taken the initiative, and has issued an address to the medical profession, urging immediate action to secure from Congress proper legislation. The effort to effect this change is highly commendable, and ought to be finally successful. Our present quarantine system, as managed by States and municipalities, is far more obstructive of commerce than protective against the importation of pestilential diseases. The quarantine is usually a bone of contention among politicians. If placed under national control all the present effete clogs to commerce would be removed, and an enlightened system of medical inspection and ship sanitation would be properly enforced.

New York, Feb. 11th.

INDIA.

(From a Correspondent.)

LADY REAY'S FANCY FAIR.

LADY REAY'S fancy fair was opened yesterday in Bombay with great *éclat*. The object of this is, as is well known, to provide funds for defraying the cost of a lecture room and permanent quarters for pupil nurses at the Cama Hospital for Women and Children in that city. A great portion of the funds has been given by Mr. Cama, the founder of the hospital, and it is to make up the remainder that her Excellency Lady Reay means to raise it by the fair. The Cama Hospital was opened on July 30th, 1886.

HOSPITAL SUNDAY FUND FOR INDIA.

Side by side with this benevolent move for the nursing of the sick, a suggestion may be offered for the introduction of the Hospital Sunday Fund in India. On one Sunday every year a sermon is preached from the pulpit in churches on the subject of offerings for the sick poor in hospitals, and all collections made are devoted to the funds of such hospitals. All collections made on a certain Sunday—it might be the same Sunday as in England,—and on other corresponding day in mosques, temples, &c., might be handed over to a committee, to be appointed, consisting of clergy and members of our cloth, for distribution to hospitals and public dispensaries for the sick poor of all creeds and "castes." And should there be a surplus fund—which, it is to be hoped, there would be in course of time—it might be devoted to the establishment of a convalescent home.

THE M.B. DEGREE FOR THE BOMBAY UNIVERSITY.

In the University there is no such thing as the degree of Bachelor of Medicine. At present it only confers two qualifications in Medicine—one is the licence in Medicine and Surgery, and the other is the degree of Doctor of Medicine. An agitation, it appears, has been going on for some time to introduce the Bachelor's degree, but there seems to be some indisposition on the part of some members of the Medical Faculty to grant it on the same terms as the present licence, or, in other words, in substitution of it. At

a recent annual presidential address of the Grant Medical College Society, Mr. Lisboa emphatically advocated the proposal to substitute the M.B. for the L.M. and S. Students of Bombay are fortunate to have before their eyes an earnest worker and a learned and painstaking teacher in the person of Dr. Vandyke Carter, whose example they might well follow, but whose services, I hear, will soon be lost to them. It is to be hoped that some London medical school will avail itself of the opportunity to utilise his services should he be disposed to devote himself to the continuance of scientific work, or as physician or lecturer.

THE SERVICES.

The retirement of Mr. W. J. Moore, the Surgeon-General with the Bombay Government, is gazetted. He retires, from Feb. 25th, on a pension of £950 a year. Mr. Moore is the author of "Diseases of India," "The Other Side of the Opium Question," &c., and is a Companion of the Indian Empire.

Bombay, Feb. 10th.

Obituary.

WALTER BENONI HOUGHTON, M.D., B.S., M.R.C.P.

WE record the death of one who perhaps was not known to a large circle in the profession, but who was equally respected and esteemed by all, whether in the profession or out of it, who had the pleasure of his acquaintance or the advantage of his friendship. And if he were not so widely known as some, the fault was none of his, but was due to his short life having been, almost from the day when he became qualified to practise, one continued battle with ill health and disease. A more brilliant student career than that of Walter Benoni Houghton could scarcely be conceived, and he bore the honours which fell to him with a modesty and a grace which almost removed the disappointment of those whom he excelled.

Born on Dec. 30th, 1851—a delicate and sensitive child—he was sent for his education to Mr. John Bell, M.A., of Cambridge House, Blackheath, where he evinced great capacity for learning and a great love for history, and indeed for literature generally. In 1866 he passed the Cambridge local examination with honours, and was marked as "greatly distinguished" in French. The year following, at the age of fifteen, he passed the Oxford Local Examination and became an Associate in Arts of that University. He matriculated at the University of London in 1868, and passed the Preliminary Scientific for the M.B. in 1869, and in the October of that year he entered University College and Hospital as a medical student. Here began a succession of brilliant achievements, which alike did credit to his industry and to his intelligence; for having obtained in his first session the second silver medal for Chemistry, and in the year following the first silver medal for Anatomy and Physiology, he in 1872 obtained the gold medal for Anatomy, the gold medal for Surgery, and the gold medal for Medical Jurisprudence. In that same year the distinctions he gained at the University of London were, if possible, still more remarkable, for on passing the Final M.B. he was awarded *two* exhibitions and gold medals for Anatomy and for Organic and Pharmaceutical Chemistry respectively. In 1874 he took both the degree of M.B. and of B.S., having also the year before become M.R.C.S. Then followed the M.D. of London in 1876, and the M.R.C.P. in July, 1877.

At University College Hospital he had displayed so much surgical skill, dexterity, and knowledge that some of the professors strongly advised his taking up that branch of the profession, but his inclinations leaned towards medicine, and, after having been in his hospital, physician's assistant and obstetric physician's assistant, in 1877 he settled in Cavendish-square as a physician. With such credentials it is not surprising that he should, while yet so young, obtain important appointments; and, in fact, he forthwith became Medical Registrar and Lecturer on Botany at, and Assistant-Physician to, Charing-cross Hospital. His career had thus far been one continued success; but, alas! in the battle against disease victory is not necessarily given either to the brave, the good, the industrious, or the intellectual. Even before he obtained the last-named appointments his health had received a rude shock from an attack of blood-poisoning, and although under the kind care of his former teacher and friend, Mr. Christopher Heath, and with change of air, he materially improved, yet he could no longer be considered strong, and in 1880 he had an attack of severe rheumatic fever, for which he was attended by his colleagues, Dr. Green and Mr. Bellamy, as well as by Mr. Christopher Heath. Severe inflammation of the left knee set in, and then the valuable opinion of Sir James Paget was requested, and under the influence of an anæsthetic the leg was straightened and a splint applied, but after that he was long, very long, confined to bed. What is here recounted in a few lines occupied, in fact, many, many weary months of suffering; and yet, in the midst of pain and disappointment, his bright spirits, his ready wit, his wonderful power of quick repartee, and his cheerfulness never failed him. Meanwhile the late Dr. Silver had kindly done his work for him, and some changes to Bournemouth, Folkestone, &c., had apparently been beneficial, and he returned to Cavendish-square with the hope of resuming his duties; but in less than a week severe hæmorrhage from the bowels took place—so severe that it seems probable he would have succumbed but for the prompt attention he received from his medical friends. Mr. Heath subsequently had to perform on him an operation for fistula, which gave notable relief to the patient; but, under advice, Dr. Houghton resigned his public appointments, gave up his house in Cavendish-square, and went to reside, with the hope of practising, at St. Leonards. He was a member of the Pathological and Clinical Societies, and was elected to the Fellowship of the Royal Medical and Chirurgical Society in 1878; but this removal to the provinces, of course, rendered him unable to attend meetings which he had, when his health allowed him to be present at them, always enjoyed. But even at St. Leonards the downward tendency of his health gradually, if more slowly, progressed. Far, indeed, was he, even under these adverse circumstances, from being an idle man or a despondent sufferer. Suffer indeed he did, but the brightness and the buoyancy of his character were ever uppermost, and in conversation with him one would little imagine that he was the subject of a fatal malady, and that he more than suspected that his tenure of life was but short. He took intense interest in the cases which he saw; and the writer of this memoir had abundant reason for knowing that some at least of the patients placed under his care fully and thoroughly appreciated his kindness, his gentlemanly bearing, and his skill. In 1886 Mr. Mansell of Hastings had to operate upon him again for fistula; and, indeed, he and his other devoted friend, Dr. Humphrys of St. Leonards, constantly watched him, and did all for him which human skill could effect. Presently, however, the evidence of tubercular disease was found at the apex of the right lung, and in a constitution already so reduced it is not surprising that that disease made rapid progress. He went to the house of his brother at Teddington, where tender nursing, the society of those nearest and dearest to him, and the kind professional care of Dr. Fenn of Richmond and of his former College friend, Dr. Green, combined to cheer and to solace his declining days, until he passed away on Feb. 12th, 1888.

Dr. Houghton was a man of extensive general as well as professional reading, and so had many resources within himself, on which he fell back during his long, painful, and trying illness. The geniality, the brightness, and the warmth of his disposition have been already alluded to, and his kindness, generosity, and readiness to assist the poor and the afflicted were inherent qualities in him. After what has been said it is unnecessary to add a word regarding his high intellectual qualities. In the battle *of* life, so far as his health allowed, his career was one uniform success; and if in the battle *for* life he broke down and failed—the loss is ours. C. J. H.

CHARLES CROKER KING, M.D., M.R.I.A.

AFTER a tedious illness, this gentleman died on Tuesday morning at his residence in Fitzwilliam-street, Dublin, sincerely and deservedly regretted by a very large circle of friends. He held the very important post of Medical Commissioner to the Local Government Board for Ireland, and, it is needless to say, performed the duties of that lucrative appointment in a thoroughly efficient manner. Dr. King obtained his degree of Doctor of Medicine from the Queen's University in 1855, and the D.Sc. in 1881; he was also a member

of many scientific societies, and an honorary member of the Medico-Chirurgical Society, &c. The deceased formerly held the chair of Anatomy and Physiology in Queen's College, Galway; and was an Inspector of Lunatics under the Court of Chancery, and Professor of Anatomy to the Royal Dublin Society. He was the author of various works—viz., "Hernia," "Fractured Patella," "Ulcer of the Stomach," "Nervous Paralysis," "Heart Disease," "Errors of Mesmerism," &c.; while his contributions to various medical journals included "Gangrene from Phlebitis, and Amputation," "Amputation of Ankle Joint," "Resteration of Lower Lip," "Death by Hanging," &c. During his illness he received every attention at the hands of his professional brethren, more especially from Dr. Mapother, who was constantly in attendance.

ERNST LEBERECHT WAGNER, M.D.

PROFESSOR E. WAGNER, Professor of General Pathology and Pathological Anatomy in the University of Leipsic, who died at Leipsic on Feb. 10th, had just completed the twenty-fifth year of his tenure of the chair of Pathology in the University there. In celebration of that event there has appeared, almost simultaneously with the announcement of his death, one of those volumes of collected memoirs with which it is customary in Germany for pupils to celebrate the jubilees of their esteemed masters. In this volume of "Beiträge zur pathologischen Anatomie und klinisches Medicin" we find the names of many who have attained positions of eminence. Thus Professor von Birch-Hirschfeld contributes a paper on the Amyloid Liver; Professor O. Heubner, one on a case of Infantile Progressive Muscular Atrophy; and one by Professor A. Strümpell on the Etiology of Infantile Paralysis. The date it commemorates is Dec. 20th, 1887, the twenty-fifth anniversary of Wagner's appointment to the Leipsic chair. He was born in 1829, and came to reside in Leipsic in 1855. His most notable work was the "Handbuch der allgemeinen Pathologie," which was planned and written by him in conjunction with Dr. Uhle, who died in 1861, before the book was published (1862). It is a most comprehensive work, and it has passed through many editions, of which the sixth was translated into English by Drs. Van Duyn and Seguin (1876). Amongst his other contributions may be cited his writings on Bright's disease, which were eventually incorporated in the article on that subject which he contributed to Ziemssen's Cyclopædia. He also made an important contribution to the Pathology of Fatty Degeneration of the Heart (1864), and to Cancer of the Uterus (1868), but his fame will undoubtedly rest upon the work on General Pathology. He was also the editor of the *Archiv der Heilkunde*, a high-class journal of scientific medicine, which existed for nineteen years, and ceased to appear in 1878. Wagner is spoken of as an excellent teacher and admirable diagnostician, and he was much revered in the Medical Faculty, with which he was so long associated, and of which, since the death of Professor Wünderlich, he had been the recognised head.

JOHN W. CONYERS MERRIMAN, M.R.C.S., L.R.C.P. LOND.

IT is with much regret that we record the death of John Conyers Merriman in his thirty-fourth year. Mr. Merriman was born on July 28th, 1854, and was educated at the old Charterhouse School under Dr. Haig Brown. His grandfather and great-grandfather were for many years highly esteemed practitioners in Kensington, and both attended the Queen when Princess Victoria at Kensington Palace, and also the Duchess of Kent and Princess Sophia. Mr. Merriman received his professional education in the school of St. George's Hospital, and joined his father in practice in 1876, in which year he also married the youngest daughter of Sir William Bowman. He held the post of surgeon to the Kensington Dispensary from 1878 to 1881.

Mr. Merriman was a man of fine character, and an able and well-informed practitioner. His genial and unselfish nature, his never-failing readiness to do kind acts, and his tact and sound judgment won for him the affection and esteem of a large circle of friends. His integrity and straightforward conduct, combined with no small measure of medical acumen, secured at once the confidence of his patients whose best illness were in all ways safe in his hands. Throughout a long illness he showed remarkable courage and patience, and by constant cheerfulness and ever-thoughtful regard for others he did his utmost to lighten the burden of sickness to those nearest to him.

ROBERT REID KALLEY, M.D. GLAS.

DR. KALLEY died on the 17th ult., at Campo Verde, Tipper-Lynn-road, Edinburgh. He was one of the earliest pioneers of modern medical missionary enterprise. In 1838, three years before the Edinburgh Medical Missionary Society was formed (with which he was subsequently intimately associated), he went forth, entirely at his own expense, on his beneficent mission to Madeira (his first field of labour) as in after years in other lands. After a long service abroad, Dr. Kalley ultimately settled in Edinburgh. In November, 1878, he was elected a director of the above Society, and constantly attended its board meetings. He also took a deep interest in the students of the Society, the directors of which, in their recent quarterly paper, record their estimate of the loss they have sustained by the death of their friend and colleague.

Medical News.

UNIVERSITY OF OXFORD.—At a congregation held on the 23rd ult., the degree of M.D. was conferred on

Sharkey, Seymour J., Jesus.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on the 23rd ult., the following degrees were conferred:—

BACHELOR OF MEDICINE.—Henry Leeds Harrison, St. John's; Edwin Mellor Light, Clare.

BACHELOR OF SURGERY.—Edwin Mellor Light, Clare.

INDIAN MEDICAL SERVICE.—The following is a list of the candidates for this Service who were successful at the competitive examination held at Burlington House on Feb. 13th and following days. Of the 73 candidates who competed for the 14 appointments, all were reported qualified:

	Marks.		Marks.
Marshall, D. G.	3410	Gray, W. H.	3140
Moir, D. M.	3355	Gee, F. W.	3110
Roberts, J. R.	3350	O'Gorman, P. W. ...	3100
Whitchurch, H. F. ...	3275	Pereira, F. C.	3080
Arnim, H. C. L.	3250	Prasad, K.	3080
Grant, A. E.	3160	Mould, G. T.	3070
Hojel, J. G.	3145	Thomson, G. S.	3070

UNIVERSITY OF BRUSSELS.—At the recent February examination the following gentlemen, having passed the necessary examinations, received the degree of M.D.:—

Des Voeux, H. Antoine, L.R.C.P.Lond., M.R.C.S.Eng., Carlisle, Mansions, Victoria-street.
Dyer, Sidney R., L.R.C.P.Lond., M.R.C.S.Eng., Trinity-road, Wandsworth-common.
Hubbard, W. Lovett, L.R.C.P.Lond., M.R.C.S.Eng., The Grove, Clapham.
Mathews, W., M.R.C.S.Eng., F.R.C.S.Ed., L.R.C.P.Ed., Nantwich, Cheshire.

SOCIETY OF APOTHECARIES.—The following gentlemen, having passed the qualifying examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and have been admitted as Licentiates of the Society:—

Carter, E., Beaconsfield Villas, Brighton.
Crofton, E. Regan, Cleheen House, Carrick-on-Shannon.
Ducket, C. Alex., Great Yarmouth.
Fletcher, Fredk. J., St. John's-road, Dudley.
Fox, H. Clayton, Coddenham, Needham Market, Suffolk.
Haynes, E. Lyall, Lansdowne Villa, Scarborough.
Howard, A. B. Maclagan, Orchard-rd., Kingston-on-Thames.
Moss, Arthur James, Royal Crescent, Whitby.
Sugden, Henry Clapham, Broad Oak Park, Worsley.
Thomas, Charles Ernest, Leadenhall-street.

The following gentlemen passed the Surgical portion of the examination:—

Barratt, J. Oglethorpe Wakelin, University Coll. Hospital.
Gunton, G. A., St. George's Hospital.
Hughes Samuel H., St. Bartholomew's Hospital.
Midelton, W. John, St. Bartholomew's Hospital.
Phipps, H. Hostache, University College Hospital.
Roberts, F. H., King's College Hospital.
Valintine, T. H. Ambrose, St. Bartholomew's Hospital.
Verano, Louis Lawrence, St. Bartholomew's Hospital.
Walton, J. Stamford, Newcastle School of Medicine.
Weigall, Reginald E., University of Melbourne.
Whitaker, George H., St. Bartholomew's Hospital.

The following gentleman passed the Medical portion of the examination:—

Read, Arnold Edward, St. Thomas's Hospital.

THE annual meeting of the East London Nursing Society was held on the 28th ult., when a very satisfactory report was submitted and adopted.

BURIAL REFORM.—At a recent meeting of the Funerial Reform Association it was decided that a memorial be presented to the Home Secretary praying that an inquiry be instituted into the condition of London cemetaries.

DENTISTS IN FRANKFORT.—A raid has been made on a number of persons in Frankfort who have been describing themselves as dentists and American dentists, without any legal right to do so. They have been obliged by the police to take down their signboards.

BEQUESTS.—Mrs. Mary Hotchkiss of Dublin has left £100 to each of the following institutions—viz., Hospital for Incurables, Adelaide; Mercer's; Coombe Lying-in Hospital; Convalescent Home, Stillorgan; Cripples' Home, Bray; and St. Mark's Ophthalmic Hospital, Dublin.

GREAT NORTHERN CENTRAL HOSPITAL.—The Committee of the Islington Jubilee Fund have paid over to the building fund of this institution a further sum of £2000 (making £4000 altogether). The new hospital, which is in the Holloway-road, is shortly to be opened.

BRITISH MEDICAL PRACTITIONERS IN SWITZERLAND. A petition presented by the Cantonal Government of the Grisons to the Swiss Federal Council, praying that British medical men wishing to practise in Switzerland might be permitted to undergo the obligatory State examination in the English language has just been rejected.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for efficient vaccination in their respective districts:—Dr. R. Harvey Hilliard, Aylesbury (second time); Dr. Charles J. Jones, J.P., of Clydach Vale, Rhondda Valley, S. Wales (third time in succession).

COTTAGE HOSPITAL FOR BINGLEY.—The Jubilee Committee have now commenced to take steps for the erection of a cottage hospital with the funds they have in hand, and have purchased a plot of land containing about two acres and a half, which is situate on the hill-side, looking over the town, at the junction of Ferncliffe-road.

A UNIVERSAL COOKERY AND FOOD EXHIBITION will be held at the Duke of Wellington's Riding School, Knightsbridge, London, in April next, from the 23rd to the 28th inclusive. The exhibition is intended to benefit the funds of the French Hospital Building Fund and Charing-cross Hospital.

DEEP-SEA FISHERMEN.—A gentleman who had read the appeal to which we referred a week or two ago has paid £1000 to the bankers of the Mission to Deep-sea Fishermen, to assist in clearing off the balance remaining on mortgage of the Society's original vessels, in order to facilitate the development of the cruising hospital scheme.

BRADFORD INFIRMARY.—The annual report submitted to the governors on the 14th ult. showed that the work done during 1887 was on the whole satisfactory. There was a decrease in the annual income of £782 compared with 1886, but an increase in the subscriptions of £136, and also a larger income from the Joint Hospital Fund of £755.

NOTIFICATION OF ABORTION.—The municipal authorities of Buda-Pesth have issued a notice to all medical practitioners and midwives requiring them to report all cases of abortion at any period of pregnancy. The fœtus and the parts belonging to it are to be preserved for the inspection of the coroner. Any contravention of this regulation will subject the offender to punishment.

CHARING-CROSS HOSPITAL POST-GRADUATE LECTURES. The business meeting of the class was held on the 24th ult., at the conclusion of Dr. Julius Pollock's lecture on Dyspepsia. Dr. Walford was voted to the chair, and called on the secretary to read his report, which was of a highly gratifying character. One hundred and forty members have enrolled themselves, and fresh entries are taking place every week. The average attendance at each lecture has been seventy-five, and as many as 112 have been present on one occasion.

M. PASTEUR.—M. Pasteur having entered the lists as a competitor for the reward of £25,000 offered by the Government of New South Wales for exterminating the superabundant rabbits, is sending by the Orient Line mail steamer *Cuzco*, leaving Naples to-day, three delegates with a supply of "microbes du choléra des poules," with which he hopes to win the prize.

PARKES MUSEUM.—The following donations to the funds of the Museum have just been received:—Right Hon. Earl Derby, £25; the Leathersellers' Company, £21; Robert Pullar, £10 10s.; a donation from the Officers of the Army Medical Staff, Netley; also one of £20 from the Grocers' Company, to aid in its work of practical teaching and demonstrating sanitary science.

ENTERTAINMENT FOR MEDICAL CHARITIES. — The *employés* of Messrs. Arthur and Company, Limited, Leeds, gave a dramatic and musical entertainment at the Grand Assembly Rooms on Saturday last, on behalf of the medical charities of the city. It was the second given for a similar purpose. Last year £30 were thus raised. It is stated that a musical and dramatic society is to be organised at Leeds in connexion with Messrs. Arthur's establishment there, and it is anticipated that in future years the medical charities will benefit accordingly.

ACCIDENTS TO MEDICAL MEN.—A serious accident happened to Surgeons G. T. Rawnsley and N. H. Forbes while tobogganing at Shorncliffe on the 25th ult. In descending a snow slide their sleigh struck against a wire fence and they were both thrown out with great force. Mr. Rawnsley's hip-joint was dislocated and Mr. Forbes's knee-cap was severely injured. On the same day Dr. Joseph Nelson of Belfast, whilst hunting with the North Down harriers at Groomsport, county Down, was thrown from his horse and sustained a fracture of his right arm.

JUDICIAL DECISION CONCERNING A PIN IN A BUN.—At the Greenwich County Court, a woman sued a baker for £2 for damage to her throat caused by a pin enclosed in a bun she bought from him. The judge said it was a peculiar case, but evidence having been given showing that the plaintiff could not have allowed the pin to get into the bun while it was in her possession, he allowed the claim, remarking that it was a very moderate one. Mention was made of the doctor's charges, which amounted to thirty shillings. As to this, although it had been stated that the doctor spent about three-quarters of an hour in extracting the pin, the judge, who really should have known better, after eliciting that three bottles of medicine had been supplied, allowed himself to remark, "Oh, ten shillings a bottle; I should think that has cured you." It is quite hard enough that ignorant persons should so frequently estimate a doctor's services by the amount of medicine he has supplied, but an educated man in the position of a County Court judge ought to be capable of appreciating the value of a surgeon's time and skill better than by reckoning up the bottles of medicine he may chance to have given.

LONDON SANITARY PROTECTION ASSOCIATION.—The seventh annual meeting of this Association was held on Saturday, Feb. 25th, at the rooms of the Society of Arts, Adelphi, Lord Chelmsford in the chair. The report of the Council showed an increase of members over last year of 108—456 new members having joined, and 348 having left. The number of inspections made during the year also showed an increase, the total being 1488, including 451 first inspections and 602 annual inspections. It was somewhat remarkable that the condition of the houses inspected for the first time showed a lower average than usual, the percentage of bad (including rather bad and very bad) being 65, whereas on the average of the preceding six years that percentage was only 56. The treasurer's report showed a small balance of income over expenditure, and stated that this could never be much exceeded, the object of the Association being to do the work of inspection in the most thorough and efficient manner, and to charge only such fees as would cover the cost. Mr. Timothy Holmes (hon. treasurer), in presenting the report, stated that the progress made during the present year had been greater than on any previous occasion, and he had no doubt that in the course of time the Association would be one of the largest in London. The officers and Council for the ensuing year were elected, the Duke of Argyll being again chosen as President.

THE annual meeting of the supporters of the Leith Hospital was held on the 24th ult., when an excess of expenditure over income of £681 was reported for the past year.

THE RIVER AIRE, LEEDS.—On Wednesday last a conference was held of the local boards and sanitary authorities having jurisdiction over this river for preventing its pollution. The Mayor of Leeds presided. It was unanimously resolved: "That this meeting is of opinion that it is in the highest degree desirable that general efforts should be made to prevent the pollution of the river Aire; that the meeting is further of the opinion that each local authority should urge upon manufacturers and the public generally to give their cordial co-operation in attempting to remove the pollution of the stream."

LINCOLN COUNTY LUNATIC ASYLUM.—At a meeting of the Committee of Management held on February 7th, the resignation of Dr. Palmer, who had been medical superintendent for the last thirty-seven years, was received with regret, and it was decided to grant him a pension of £500 a year. At the same meeting, Mr. J. W. Marsh, who had been assistant medical officer for seventeen years, was unanimously appointed medical superintendent, at a salary to commence with of £400 a year. The depression in trade and agriculture is the reason given for the smallness of the pension, and also for the very moderate salary to the medical superintendent, who is responsible for over 600 patients.

PROPOSED FEVER HOSPITAL IN CLEVELAND.—The Guisborough Union Rural Sanitary Authority, with reference to the proposed erection of a fever hospital for the districts of the Saltburn, Redcar, and Guisborough Local Boards, and the townships of Marske, Upleatham, and Wilton, in the rural sanitary district, have resolved that that authority, with respect to the townships of Wilton, Marske, and Upleatham, are prepared to join with the Saltburn, Redcar, and Guisborough Local Boards in the formation of a joint hospital board, to provide accommodation for persons suffering from infectious diseases in the above places, the basis of contributions being deferred for future consideration.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.—A special Court of Governors has just been held, for the purpose of sanctioning the commencement of the construction of a new wing when the building fund amounted to £15,000. Lord Aberdeen presided. In 1870 a plan for a new hospital was drawn up, but the funds were insufficient for completing that building, and only a part of it was finished in 1874. Annual appeals had subsequently been made for funds, but with little success—altogether only £10,000 had been raised to go on with the building. A hope was expressed that that fact might stimulate a flow of generosity. The new wing was urgently required. A motion was carried to sanction the commencement of the new wing when the building fund amounted to £15,000.

PRESENTATIONS.—Dr. H. C. Reid, the medical officer of the Coatbridge Order of Foresters, has been presented by the Order with his portrait (a well-executed life-size painting, in oil), which bears, on a silver plate attached to the frame, the following inscription:—"Presented to Bro. Dr. H. C. Reid, by the members of Drumpellier Olive, 6139, A.O.F., in appreciation of his valuable services.—Coatbridge, Feb. 17th, 1888."——Dr. David Newman has been presented with a pair of lamps, and Mr. D. M. Dewar, his assistant, with a case of surgical instruments, by the members of the class of laryngology at the Glasgow Royal Infirmary.——Mr. F. J. Elsom has been presented with a pencil case by the members of the Welbeck Ambulance Society, in recognition of his services as instructor.

THE VENTNOR HOSPITAL.—The Queen, in commemoration of her recent visit to the Royal National Hospital for Consumption, at Ventnor, has sent to the authorities four large etchings of the Queen, the Prince Consort, the Duke of Albany, and Princess Beatrice, to adorn the dining-hall. Telephonic communication between the ten separate blocks into which the hospital is divided has now been completed. The work, we understand, has been carried out effectively by the Equitable Telephone Association, Queen-Victoria-street. The Board of Management have received a communication from the Home Secretary stating that Her Majesty has been pleased to command that the block of houses which was inspected by the Queen shall be known hereafter by the title of the "Victoria Block" of the Royal National Hospital for Consumption.

ESSEX AND COLCHESTER GENERAL HOSPITAL.—The sixty-eighth annual report presents a good record of work for the year 1887. 503 in-patients were admitted, of whom 112 were accidents and emergency cases, and the out-patient admissions numbered 1418. The report expresses the loss the committee felt by the resignation of Mr. Symmons, whom they sincerely thank for nineteen years' services as one of the surgeons of the hospital. Mr. Symmons' resignation has led to a final determination as to the hospital staff. It has been resolved—"That notwithstanding that Rule 14 provides for the services of the whole professional staff being gratuitous, the committee be, and are hereby, authorised to take such steps as they may deem requisite to secure the services of a physician at a salary not exceeding £200 per annum." The balance sheet shows a debt to the treasurer of £95 5*s.* 9*d.*

MEDICAL SOCIETY OF LONDON.—The following is a list of gentlemen nominated as office-bearers for the ensuing year. The election will take place at the general meeting on Monday next.—President: Sir William Mac Cormac. Vice-Presidents: Dr. T. H. Green, Mr. J. Knowsley Thornton, Dr. W. R. Gowers, and Mr. Edmund Owen. Treasurer: Mr. A. E. Durham. Librarian: Mr. W. H. Allchin. Honorary Secretaries: Mr. Bernard Pitts and Dr. C. E. Beevor. Secretary for Foreign Correspondence: Dr. Felix Semon. Council: Dr. T. Lauder Brunton, Mr. J. N. C. Davies-Colley, Mr. Clinton T. Dent, Mr. J. H. Drew, Sir Joseph Fayrer, Dr. D. W. Finlay, Mr. Francis Fox, Mr. W. Adams Frost, Dr. W. B. Hadden, Mr. Reginald Harrison, Dr. J. Hughlings Jackson, Dr. T. J. Maclagan, Mr. R. Percy Middlemist, Dr. Angel Money, Dr. C. D. F. Phillips, Dr. A. J. MacConnel Routh, Dr. Seymour Taylor, Dr. Samuel West, Dr. John Williams, and Mr. T. Outterson Wood.

MEDICAL NOTES IN PARLIAMENT.

The Sweating System.

IN the House of Lords on the 28th ult., Lord Dunraven called attention to the report of the Board of Trade on the sweating system in the East-end of London by the labour correspondent of the Board, from which he read numerous extracts. He advocated inquiry into the question by a commission or a committee empowered to examine witnesses on oath, and he concluded by moving for a Select Committee. A discussion ensued, in which Lord Sandhurst, Lord Aberdeen, Lord Aberdare, the Archbishop of Canterbury, and Lord Onslow took part, and the motion was ultimately agreed to.

Indian Contagious Diseases.

In the House of Commons on the 23rd ult., in reply to Mr. Stuart, Sir J. Gorst stated that a despatch on Indian contagious diseases was, as he stated to the House last session, sent by the Secretary of State to the Government of India last year. On January 7th a telegram was received from that Government to say that the question was under consideration by them in communication with the local governments, whose opinions might shortly be expected, and that in all probability a despatch would be sent home in that month. The despatch has not yet been received, but is expected.

Compulsory Notification of Disease.

On the 27th ult., in answer to Mr. Howard Vincent, Mr. Ritchie said that the system of compulsory notification of infectious disease was in force in England and Wales in forty-three boroughs and four local board districts. He had no precise information at that moment with regard to Scotland and Ireland, but if it were wished he would procure it. The question as to the introduction of a Bill to extend the system of compulsory notification is under consideration.

Rating of Lunatic Asylums.

Mr. Kimber asked the First Lord of the Treasury whether it was the intention of the Government in any Bill to be introduced this session to provide for the removal of the existing exemption of lunatic asylums from the ordinary assessment for rating purposes, which relieves the county at the expense of the particular parish in which the asylum is situate.—Mr. W. H. Smith, in reply, stated that the Government did not propose to bring in a Bill dealing with the assessment of rates on lunatic asylums, but an opportunity would arise for the hon. gentleman to raise the question when the Lunacy Acts Amendment Bill was before the House.

The Grand Junction Water Bill.

On the 28th ult., at the time of private business, the second reading of this Bill was under discussion for some time. It was opposed by Mr. Dixon-Hartland, seconded by Mr. Labouchere, Major Rasch, Mr. Bartley, and others; while Lord R. Churchill, Mr. Ritchie, and Mr. Courtney urged the House to send the Bill to a Committee, and on a division the Bill was thrown out by 138 to 104.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ACKLAND, WILLIAM R., M.R.C.S., L.D.S.Eng., has been elected Dental Surgeon to the Bristol Royal Infirmary.

ANDERSON, WILLIAM H., M.B., C.M.Glas., has been appointed Medical Officer for the Laxfield District of the Hoxne Union.

ANNESS, FREDERICK R., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the St. Matthew's District of the Ipswich Union.

ASHLEY, SYDNEY DUKES, M.R.C.S., L.R.C.P., L.S.A., has been appointed Resident House-Surgeon to the Brixton, Streatham, and Herne-hill Dispensary, vice A. G. Pocock, L.R.C.P., M.R.C.S., resigned.

BALLANCE, J. D., L.R.C.P., M.R.C.S., has been appointed Resident Accoucheur to St. Thomas's Hospital.

BIDWELL, L. A., M.R.C.S., L.S.A., has been appointed House-Surgeon to St. Thomas's Hospital.

BONE, D. J. M., M.B., C.M.Ed., has been appointed Assistant Surgeon to the Liverpool Dispensaries.

BROWN, C., L.R.C.P., M.R.C.S., has been appointed Assistant House-Surgeon to St. Thomas's Hospital.

BUIST, ANDREW C., M.B., C.M.Ed., has been appointed Medical Officer for the Halford District of the Shipston-on-Stour Union.

BULSTRODE, H. T., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Throat to St. Thomas's Hospital.

CALVERT, J. T., M.B.Lond., L.R.C.P., M.R.C.S., has been appointed Non-Resident House-Physician to St. Thomas's Hospital.

CARSON, JAMES SEYMOUR, B.A., M.B., M.Ch.Dub., has been appointed Medical Officer to the Gorleston Cottage Hospital.

COOK, S. B., L.R.C.P., M.R.C.S., has been appointed Assistant House-Physician to St. Thomas's Hospital.

CRISP, E. H., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Throat to St. Thomas's Hospital.

DURRANT, T. A., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Skin to St. Thomas's Hospital.

FAVELL, RICHARD, M.R.U.S., L.S.A., has been reappointed Honorary Acting Medical Officer to the Jessop Hospital for Women, Sheffield.

GABB, J. EDWARD, L.R.C.P.Ed., M.R.C.S., has been reappointed Medical Officer of Health for the Charlton King's Urban District.

GAGE-BROWN, C. H., M.D.Edin., M.R.C.S., has been appointed Clinical Assistant to the Out-patient Department, Great Ormond-street Hospital for Children.

LEWIS, C.M., M.R.C.S., L.R.C.P., has been appointed House-Surgeon to the Western Branch of the Brighton, Hove, and Preston Dispensary, vice L. Phillips, M.R.C.S., L.R.C.P., resigned.

LOTZ, H., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Ear to St. Thomas's Hospital.

MACPHERSON, ALFRED, M.B., C.M.Ed., has been appointed Police Surgeon for the North District of Liverpool.

MITCHELL, ALEXANDER, M.D., C.M.Glas., has been appointed Medical Officer to the Gorleston Cottage Hospital.

MOORE, WALTER, M.R.C.S., L.S.A., has been reappointed Medical Officer for the Hartlebury District of the Droitwich Union.

NAIRN, R., L.R.C.P., M.R.C.S., has been appointed Resident House-Physician to St. Thomas's Hospital.

ORD, W. W., M.A., M.B., B.S.Oxon., M.R.C.S., has been reappointed Resident House-Physician to St. Thomas's Hospital.

PEMBERTON, OLIVER, F.R.C.S.Eng., has been reappointed Honorary Surgeon to the Birmingham and Midland Counties Training Institution for Nurses.

PORTER, JOSEPH F., B.A., M.D.Dub., M.R.C.S., has been appointed Medical Officer for the Helmsley District and the Workhouse of the Helmsley Union.

PUGHE, RHINALLT N., M.B., B.S.Lond., F.R.C.S.Eng., has been appointed Police Surgeon for the South District of Liverpool.

SANSOM, H. A., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Skin to St. Thomas's Hospital.

SOLLY, R. V., L.R.C.P., M.R.C.S., has been appointed Assistant House-Surgeon to St. Thomas's Hospital.

STABB, E. C., L.R.C.P., M.R.C.S., L.S.A., has been appointed House-Surgeon to St. Thomas's Hospital.

TONKING, J. H., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant in the Special Department for Diseases of the Ear to St. Thomas's Hospital.

VORES, WILLIAM M., B.A., M.B.Cantab., M.R.C.S., has been appointed Medical Officer to the Gorleston Cottage Hospital.

WADE, WILLOUGBY FRANCIS, B.A., M.B.Dub., F.R.C.P.Lond., has been reappointed Honorary Physician to the Birmingham and Midland Counties Training Institution for Nurses.

WATSON, W. J., M.B., M.R.C.S., has been appointed House-Surgeon to the Northern Branch of the Brighton, Hove, and Preston Dispensary, vice R. S. Hasell, M.R.C.S., L.S.A., resigned.

WHITE, GEORGE BENTLEY, M.R.C.S., L.S.A., has been appointed Honorary Consulting Surgeon to the Nottingham Dispensary.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BRITISH SEAMEN'S HOSPITAL, Cronstadt, St. Petersburg.—Resident Medical Officer. Salary commencing at £180 per annum, with furnished rooms, fuel, light, and attendance.

BROMPTON CANCER HOSPITAL, S.W.—Registrar. Salary £50 per annum, with board and residence.

BURTON-ON-TRENT FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Resident Surgeon.—Junior Surgeon and Dispenser.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's-inn-road, W.C.—Assistant Surgeon.

CITY OF ABERDEEN.—Medical Officer of Health. Salary £300 per annum.

COTON-HILL LUNATIC HOSPITAL, Stafford.—Assistant Medical Officer. Salary £100 per annum, with board and furnished apartments in the hospital.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Resident Clinical Assistant. Board and lodging, but no salary.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary £120 per annum.

OWENS COLLEGE, MANCHESTER.—Professor of Obstetrics.

PARISH OF RESOLIS AND DISTRICT, Ross-shire.—Resident Medical Officer. Salary £82 per annum.

UNIVERSITY OF GLASGOW.—Examiners in Anatomy, Midwifery Medical Jurisprudence and Medicine, and Clinical Medicine. The annual fee for the examinerships with reference to Anatomy and to Medicine and Clinical Medicine is £40 each, and for those with reference to Midwifery and Medical Jurisprudence, £30 each.

Births, Marriages, and Deaths.

BIRTHS.

CASH.—On the 27th ult., at Dee-street, Aberdeen, the wife of J. Theodore Cash, M.D., F.R.S., of a son.

CHURCHOUSE.—On the 23rd ult., at Long Buckby, Rugby, the wife of W. J. Franklin Churchouse, L.R.C.P., of a son.

CROWTHER.—On the 27th ult., at Southampton-row, Russell-square, the wife of William Harding Crowther, L.F.P.S.Glas., L.S.A., of a son.

CRUICKSHANK.—On the 21st ult., at Nairn, N.B., the wife of Brodie Cruickshank, M.D., of a daughter.

DIACK.—On Jan. 26th, at Fort Beaufort, Cape Colony, the wife of Alex. D. Diack, M.D., of a son.

PEARSE.—On the 22nd ult., at Warwick-street, Belgrave-road, S.W., the wife of Francis J. Pearse, M.R.C.S., of a daughter.

PIGEON.—On the 22nd ult., at Albion-street, Hull, the wife of H. W. Pigeon, M.C.Cantab., F.R.C.S., of a daughter.

MARRIAGE.

BEALES—BARNBY.—On the 28th ult., at the Parish Church, Great Yarmouth, by the Vicar, Thomas William Lewis Beales, M.R.C.S.E., L.R.C.P.Lond., to Clara Barnby, youngest daughter of the late J. E. Barnby, Esq., of Great Yarmouth.

DEATHS.

BUTCHER.—On the 27th ult., at Spring Garden House, Gosport, John Butcher, M.R.C.S., formerly of Welwyn, Herts, aged 82.

DOWNES.—On the 28th ult., at Mellerstein, Bolton-road, Eastbourne, Ellen Mary (May), the only daughter of Dr. and Mrs. Downes, aged 2 years and 7 months.

HIRD.—On the 23rd ult., at Palmeira-mansions, Brighton, Francis Hird, M.D., F.R.C.S., Consulting Surgeon of Charing-cross Hospital, London.

HUTTON.—On the 6th ult., at Georgetown, British Guiana (of yellow fever), John Stuart Hutton, M.B., M.R.C.S., L.S.A., late of St. Thomas's Hospital, aged 24. Fondly loved and deeply regretted. Friends will please accept this (the only) intimation.

JOHNSON.—On the 21st ult., at Hampson-in-Eliel, Jas. Johnson, M.D., aged 74.

KINGSFORD.—On the 22nd ult., at Wynnstay-gardens, Kensington, Annie Kingsford, M.D.

MERRIMAN.—On the 25th ult., at Kensington-square, John William Conyers Merriman, L.R.C.P., M.R.C.S., aged 34.

RANNIE.—On Jan. 24th (from tetanus), Arthur Rannie, M.B., C.M.Aber., Assistant Surgeon to the Colonial Hospital, Demerara.

SHAW.—On the 22nd ult., at Viatoris Villa, Boston West, John Shaw, M.D., F.G.S., F.L.S., aged 77.

STURTON.—On the 23rd ult., at North-park, Croydon, William Sturton, M.R.C.S., aged 81.

TERRY.—On the 23rd ult., at Mells, Frome, George Terry, M.R.C.S., aged 60.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, March 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M. and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. C. Barrett Lockwood: The Development of the Organs of Circulation and Respiration, including the Pericardium, Diaphragm, and Great Veins.
ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8 P.M. General Meeting. 8.30 P.M. Dr. Ferrier and Mr. Victor Horsley: A case of Successful Treatment of a Cerebral Abscess in connexion with Otitis Media.—Dr. Ord: Some Curious Relations of Gastric Ulcer.—Dr. Broadbent: The Prognostic Significance of the Blood Pressure in Acute Renal Disease.
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Casual communications by Messrs. David Hepburn, Boyd Wallis. Mr. Fredk. Eve: On Actino-mycosis and some Micro-parasitic Affections of the Jaws and Mouth. Inaugural Address by the President (Mr. Daniel Corbett).
SOCIETY OF ARTS.—8 P.M. Mr. John Mayall, jun.: The Modern Microscope. (Cantor Lecture.)

Tuesday, March 6.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.
ROYAL INSTITUTION.—3 P.M. Mr. G. J. Romanes: Before and after Darwin.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Mickle: Insanity in Relation to Cardiac Disease and Phthisis. (Goulstonian Lecture.)
SOCIETY OF ARTS.—8 P.M. Mr. W. H. Penning: South African Goldfields.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Sir Wm. Mac Cormac: Epithelioma of Kidney associated with Calculus.—Mr. B. Pitts: Villous Carcinoma of Breast.—Mr. H. Fenwick: Villous Papillomata and "Contact" Carcinoma of Bladder.—Dr. N. Moore: Two cases of Renal Disease.—Mr. Silcock: Acute Necrosis.—Mr. Clutton: Osteitis Deformans.—Mr. Treves: Horny Tumour on Neck of Mouse. Card Specimens:—Mr. Shattock: (1) Osseous Ankylosis after Gouty Disease; (2) Gouty Deposit in Bone.—Mr. Treves: Tumour of Spermatic Cord.—Mr. Mansell-Moullin: Syphilitic Crania.

Wednesday, March 7.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-ST.—Operations, 9 A.M.; Saturday, same hour.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. C. Barrett Lockwood: The Development of the Organs of Circulation and Respiration, including the Pericardium, Diaphragm, and Great Veins.
SOCIETY OF ARTS.—8 P.M. Mr. W. T. Rowlett: Framework Knitting.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown. Dr. Boxall: Scarlatina during Pregnancy and the Puerperal State.—Dr. Champneys: Description of a New Operation for Vesico-uterine Fistula.

Thursday, March 8.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION.—3 P.M. Rev. W. H. Dallinger: Microscopical Work with recent Lenses on the Least and Simplest Forms of Life.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Mickle: Insanity in Relation to Cardiac Disease and Phthisis. (Goulstonian Lecture.)
OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Living and Card Specimens at 8 P.M.:—Dr. W. J. Collins: Photographs and Drawings of some Rare Affections of the Eyelids.—Mr. B. Treacher Collins: Case of Colloid Disease of Choroid. Papers:—Mr. Lang: Case of Hæmorrhage in Yellow Spot Region.—Mr. Mules: On Ciliary Tumours (illustrated by drawings, photographs, and microscopical preparations).—Mr. Simeon Snell: (1) Sarcoma after Sclerotomy for Glaucoma; (2) Complete Paralysis of Third Nerve following Puncture of Upper Lid, without evidence of Penetration of Orbit.

Friday, March 9.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. C. Barrett Lockwood: The Development of the Organs of Circulation and Respiration, including the Pericardium, Diaphragm, and Great Veins.
CLINICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Croft: Case of Dislocation of Semilunar Cartilage of Knee-joint; Excision; Cure.—Mr. C. Symonds: Two cases of Dislocation of Index Finger; Reducing by Opening the Joint and Division of a Retaining Band after Failure of other Methods.—Mr. G. R. Turner: Case of Dislocation Backwards of the Metacarpo-phalangeal Joint of the Thumb in which Resection of the Head of the Metacarpal Bone was practised.—Mr. Bland Sutton: Case of Adenoma of the Pinna.—Dr. Hodden: Case of Dry Mouth, or Suppression of Salivary and Buccal Secretions.
ROYAL INSTITUTION.—9 P.M. Mr. Leslie Stephen: S. T. Coleridge.

Saturday, March 10.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. William Archer: The Modern Drama: French.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, March 1st, 1888.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Feb. 24	30·02	E.	20	...	...	31	28	...	Snowing
,, 25	29·96	N.E.	31	...	...	35	22	·11	Snowing
,, 26	30·03	N.E.	33	29	...	36	25	·05	Cloudy
,, 27	30·17	N.E.	34	33	...	36	32	...	Overcast
,, 28	30·39	N.E.	32	...	...	35	31	...	Overcast
,, 29	30·39	N.E.	31	...	...	35	30	...	Snowing
Mar. 1	30·31	E.	29	...	...	33	27	...	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

COTTAGE HOSPITAL.

A CORRESPONDENT desires information as to the probable expense of maintaining five beds in a Cottage Hospital where the building and nurse are provided.

Alpha is referred to a general notice at the head of this column.

THE VENTNOR HOSPITAL.

To the Editors of THE LANCET.

SIRS,—In the short notice of the Queen's visit to the Royal National Hospital for Consumption and Diseases of the Chest, given in THE LANCET of the 18th inst., it was stated, no doubt inadvertently, that amongst those who telegraphed their inability to be present to receive her Majesty was Dr. Hassall, "one of the founders of the hospital." The words should have been, "the founder of the hospital," not "one of the founders." If you will cast your eye over the official papers sent herewith, you will find I am referred to everywhere as the originator and founder of the hospital. Again, on the entrance lodge is a stone tablet with my coat of arms, and bearing this inscription: "This hospital was founded by Arthur Hill Hassall, M.D. Anno Domini 1868." If you will refer to the numbers of THE LANCET, published now many years since, you will find the same fact established by many special references to myself in connexion with the work. As I devoted ten of the best and most active years of my life to the foundation of this hospital, you will readily understand that it is hardly consistent to refer to me simply as "one of the founders." I ask you, therefore, to be so good as to make the real facts known, either by the publication of this note or in any other manner you may think suitable and sufficient.

I remain, Sirs, yours faithfully,

San Remo, Feb. 20th, 1888. ARTHUR HILL HASSALL, M.D.

SEVENTEEN YEARS IN THE CRADLE.

House-Surgeon.—According to Paul Broca, an excellent authority on all questions of Teratology, the microcephalous condition begins when the encephalon weighs 1050 grammes in the male, and 907 grammes in the female, at the age of puberty. Tiedmann notices a case in which the encephalon weighed as little as 600 grammes. Idiocy is the inevitable accompaniment of such a condition. A striking instance of microcephaly is reported from Stockeran, in the environs of Vienna. A girl, Maria Schumann by name, lives there in the cradle, from which she has never moved since her birth on Feb. 15th, 1871. She is of sound constitution, but has never outgrown the physical or mental stature of a suckling. She can utter only inarticulate sounds. She has all her teeth, but cannot masticate, and eats only liquid, or at most pulpy, food. She often sleeps two days and two nights at a time, and, having never risen, has never been dressed. The proposal sometimes broached to put such monstrosities painlessly out of existence may be the subject of academic discussion, but is manifestly open to objections far to grave to be practically entertained.

Second Year's Man is referred to the 48th advertisement page in our last issue.

Mr. I. M. Shah (Kattyawar).—We fear the paper is of too great length for insertion in our columns.

Dr. C. M. Campbell.—For an explanation of our reticence in the matter we must refer our correspondent to THE LANCET of July 28th, 1873.

"URETHRAL INSTRUMENTS."

To the Editors of THE LANCET.

SIRS,—I should be very sorry if I have hurt the feelings of Mr. Distin-Maddick by directing attention to the similarity of his "invention" with the compound catheter of my old and valued friend, the late Dr. Andrew Buchanan of this city. But, surely, Mr. Distin-Maddick is becoming thin-skinned, as I have said nothing half so harsh as has already been said by the reviewers of his book and regarding his instrument. I confess that I never saw the instrument in question, my impression of it being obtained from drawings of it; and there is yet no evidence before me that it does not exactly "correspond with the compound catheter of the late Dr. Andrew Buchanan." As to Mr. Maddick's extraordinary statement imputing ignorance of the matter to the Glasgow instrument makers, the subjoined letter to me from Mr. Hilliard will be a sufficient reply:—

"65, Renfield-street, Glasgow, Feb. 18th, 1888.

"DEAR DR. BLACK,—In reference to our conversation about Buchanan's catheter. I may say that not having seen Mr. Maddick's invention, perhaps I should not express an opinion; but, judging from its description and the woodcut, there is apparently the same mechanical idea in both instruments. Buchanan's catheter has not been used for many years, and I had to make one for Mr. Maddick from memory, with a solid metal guide; but I can recollect that a gum catheter was sometimes used instead of the metal guide, and the method of using was exactly as described by Mr. Maddick. I shall gladly give any further information in my power. "I am, Sirs, yours very truly,

(Signed) "J. B. HILLIARD."

So much, then, for the ignorance of the Glasgow instrument makers and the differentiation of Mr. Maddick's "invention." I implied in my letter to you of Oct. 29th last, and I repeat the statement, that from time to time we are presented with paltry, and often useless, modifications of instruments which serve no obvious purpose of a useful and professional nature. It is a trite and a true apothegm that a bad workman seldom finds a good tool. This may to some extent account for these doubtful "inventions."

I am, Sirs, faithfully yours,

Glasgow, Feb. 19th, 1888. D. CAMPBELL BLACK.

Zeta.—Our correspondent might consult with advantage "A Physician's Sermons to Young Men" (Bailliere); "Forbidden Fruit for Young Men," by Major Seton Churchill (Nisbet); Hime on "Morality."

IS ENGLAND IMPARTIAL?

To the Editors of THE LANCET.

SIRS,—England prides herself on being an impartial country—a country where merit prevails, and all other considerations are secondary. Is this really the case? The following incident has greatly shaken my belief. A short time ago the post of assistant medical officer to an asylum fell vacant and was advertised. An Indian friend of mine, brought up and educated in this country, applied for the post. He was one of the selected candidates, and was sent for. The medical superintendent told him that his Indian birth would be very much against his getting on in this country, and after waiting a week my friend was informed that he has not been "successful." Of course, the committee may appoint whom they please, and I do not wish to comment on this. But I protest against the medical superintendent's statement. I maintain that the educated and high-born sons of India are in no way inferior to the average Englishman, and that they are quite capable of holding their own in this country if opportunity is given them. I maintain that they have a right to be treated fairly and impartially in Christian England, and not to be set aside as ineligible on the ground of nationality. The medical profession should be the most liberal of all vocations.

I am, Sirs, yours faithfully,

Feb. 28th, 1888. LYNX.

MEDIÆVAL THERAPEUTICS.

G. L. B.—The sounder traditions of Græco-Roman medicine had become almost unknown in the early Middle Ages, in proof of which the judicious practice of Celsus may be contrasted with the treatment in vogue at the beginning of the sixth century. Bloodletting, for example, was at that time so ignorantly and recklessly resorted to that the reigning Emperor, Theodoric the Great, issued a law imposing a fine of 100 solidi (about fifty guineas of our money) on every physician or surgeon who had done harm to a noble by venesection; and if the noble died as the result of the practice his relatives were by the same law empowered to lay hands on the practitioner, and mete out to him such punishment as they pleased. This barbarous law, however, was powerless to prevent bloodletting. Twelve hundred years afterwards the great zoologist, Buffon, defended the practice on the ground that nature sometimes indicated it even in the brute creation, and gravely instanced the case of a sick ourang-outang which made signs with its arm that it wanted a vein opened.

G. R. S.—A medical officer of a workhouse cannot claim extra fees for operations performed in the workhouse. Tracheotomy cannot be charged for as an extra.

C. A. G.—The subject is one which bristles with difficulties.

EPSOM COLLEGE.

To the Editors of THE LANCET.

SIRS,—Lest the letters which have lately appeared in your journal should prevent any medical man of limited means anxious for an excellent education at a small cost for his son availing himself of the advantages of Epsom College, as also in fairness to the Council, I am induced to trouble you with my own experience.

In response to a paragraph published in THE LANCET I made application to the head-master for an exhibition for my son, a lad of eleven. I almost by return of post received a kind and courteous reply, enclosing the usual form, assuring me that it would be seen only by a small committee and treated confidentially. The boy was duly nominated, and I took him down to undergo the competitive examination, and had a pleasant interview with the head-master. On his return home the same evening my son expressed himself as being delighted with his visit. I looked carefully over the questions, and I felt that even if unsuccessful the examination and trial test had done good. I am happy to tell you that in two or three days a kind letter came from Mr. Wood (preceding the formal announcement from the secretary), saying that he had had the pleasure of awarding my son an exhibition. I felt then, and have done since, that I was amply repaid for the disagreeableness of having to acknowledge the fact that my professional income had been, from illness, great competition, and the dispensaries almost reduced to half the amount it was eight years ago.

I am, Sirs, yours truly,

February, 1888. THE FATHER OF AN EXHIBITIONER.

P.S.—I have a nephew at Cheltenham College and a ward at Blackheath Proprietary School, and after going over all three schools in many respects I must give the preference to Epsom. Certainly the cost is very much less there than at Cheltenham College.

REFUSING TO MEET IN CONSULTATION.

To the Editors of THE LANCET.

SIRS,—There is a surgeon at —— to whom I have refused a meeting in consultation for eight or ten years in consequence of conduct on his part which I thought unfair. It has happened that within the last month I have twice declined to meet him. He writes: "I do not know whether you are aware of the grave responsibility you assume by this unusual and, in these days, unheard-of behaviour." It is on this point I desire your opinion, which may also be useful to your readers. Am I compelled to meet any man? If I refuse, do I assume "grave responsibility"? I may add that during these eight or ten years I have met men from Gloucester, Cheltenham, and Cirencester (including his late partner), and am still ready to do so. You will relieve me of some anxiety by answering this question. I am, Sirs, yours truly,

Rendcomb, Feb. 22nd, 1888. R. D. LARKE.

*** It is difficult to answer our correspondent's question without more knowledge of the facts, and especially of the grounds of his dissatisfaction with the conduct of the surgeon whom he declines to meet in consultation. A medical man is not entitled lightly to refuse to meet any registered practitioner in consultation, provided he conforms to the great rules of professional conduct. It is a matter of responsibility to do so, for the efficiency and reputation of the profession depend on the mutual and honourable co-operation of its members. Still, for sufficient reasons a medical man may decline to meet another. In this particular case "unfair" conduct is alleged eight or ten years ago. Would it not be better to submit the dispute as to conduct to friendly arbitration? We must not multiply unforgivable sins. But with mere human beings we fear there are more than one such.—Ed. L.

Mr. G. M. Phillips will see by reference to our last impression that the subject has not escaped our notice.

"NOTE-BOOK FOR DENTAL STUDENTS."

IN our notice last week of the above *brochure*, we inadvertently omitted to state the author's name (Mr. J. Rymer, L.D.S., M.R.C.S.) and that of the publishers (Messrs. J. and A. Churchill).

E. S.—Montecatini, in Tuscany, has of late years been largely resorted to by sufferers from intestinal affections—dysentery, gastro-duodenal catarrh, obstinate vomiting, and gastralgia among the number. The malarial cachexia, even when contracted in the tropics, has been remedied by its waters (rich in chlorate of soda), equally with the similar cachexias due to the Roman campagna or the Tuscan maremma. The season commences in May, and ends at the close of September. The accommodation and hotel appointments generally are such as to satisfy English visitors.

Mr. G. F. Rossiter.—It was probably a misprint; but the source of the error cannot now be traced.

A GRIEVANCE.

To the Editors of THE LANCET.

SIRS,—Will you favour me with space to call attention to the following case.

Having passed an examination of the College of Preceptors, and being registered as a medical student, I wrote to the assistant clerk, Matriculation Office, University of Glasgow, to be informed what extra subjects that University required to enable me to take the degrees of M.B. and C.M. I enclosed a stamp, not to put him to any expense in answering my questions, which he did, requesting me to let him know in which subjects I had passed. I then forwarded my certificate (that he might see for himself), carefully wrapped on a roller, as it had been sent to me by the College of Preceptors. For safety I registered it, and also wrote a letter, enclosing five stamps to cover the expense of returning it in the same order. In due course, I received an answer to my questions; but my certificate was remitted packed in an envelope, marked with coloured pencil, and torn at the edges. I may also add that it was not registered, and that no stamps were returned.

Is this common politeness, to say the least? Or is it even politic to treat applicants in this way?

I am, Sirs, yours obediently,

Feb. 27th, 1888. AN AGGRIEVED STUDENT.

Mr. T. Fowler (Epping).—Our attention had already been called to the error, which is noticed in another column.

Jaia.—Gegenbauer's Comparative Anatomy contains much information on the subject.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Gowers, London; Prof. McLeod, Calcutta; Mr. F. Sturges, London; Dr. Long Fox, Clifton; Mr. T. W. Nunn, London; Mr. Bloxam; Messrs. Green and Co., London; Messrs. Nisbet and Co., London; Dr. Macnaughton Jones, London; Mr. C. Williams, London; Mr. Hornibrook, London; Mr. Brooks, Ludlam; Mr. W. J. Walsham, London; Messrs. Lynch and Co., London; Dr. Unna, Hamburg; Dr. Mackey; Mr. Fitzroy Benham, London; Dr. Campbell Black, Glasgow; Messrs. Macmillan and Co., London; Dr. H. M. Campbell, London; Messrs. Roberts and Scott, Edinburgh; Dr. Alderson, London; Messrs. Ledger, Smith, and Co., London; Dr. Tatham, Salford; Mr. Piggott, Clare; Mr. Nelson Jones, Swansea; Mr. D. J. R. Duncan, London; Messrs. Durnford and Co., London; Dr. Thompson; Mr. Pattey, Paris; Messrs. Kilner Bros., London; Mr. W. Whitehead, Manchester; Messrs. Dawson and Son, London; Mr. J. B. Sutton, London; Mr. C. S. Kilner, Bury St. Edmunds; Mr. Meadows, Hastings; Dr. Park, Glasgow; Dr. Lewis Marshall, Nottingham; Mr. Wilkinson, Lincoln; Messrs. Potter and Co., London; Mr. J. Gibson, Bromley; Mr. A. Milner; Messrs. J. and H. Grace, Bristol; Professor Walley, Edinburgh; Messrs. Stent and Sons, Guildford; Dr. J. K. Kerr, Leytonstone; Messrs. Wright and Co., Bristol; Mr. Allingham, London; Dr. B. Liveing; Dr. Lindsay Steven, Glasgow; Mr. A. L. Roe, Hull; Mr. Lawrence; Mr. Van der Linde, Ross; Mr. Sellers, London; Mr. Cole, Solihull; Dr. Donald Hood, London; Mr. S. Saunder, London; Dr. Clouston, Morningside; Mr. W. Parker, Bath; Mr. Blandford, Durham; Mr. Cornish, Manchester; Mr. Gurner, London; Dr. B. J. Moure, Bordeaux; Mr. Peck, Colchester; Mr. Stenhouse, London; Mr. Gant, London; Mr. Walker, Aberdeen; Mr. Hanson, Nottingham; Mr. Ransford, Burton-on-Trent; Mr. Webster, Golcar; Mr. Keay, Eastbourne; Mr. Gillanders, Ross-shire; Mr. Trestrail, Aldershot; Dr. Galagar, Suffolk; Mr. Drury, Stamford; Mr. Jones, Tooting; Mr. Merry, Norwich; Mr. Higham, Manchester; Lynx; T. D., London; M.D., London; Chelsea Infirmary; B. S. P., Kensington; Judex; M.B.; Reporter's Office, St. Helens.

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Nursing Notes, Southport Visitor, Windsor and Eton Gazette, Hertfordshire Mercury, Surrey Advertiser, Evening Standard, Ramsgate and Margate Chronicle, Royal Cornwall Gazette, Durham Chronicle, Windsor and Eton Express, Birmingham Daily Gazette, Carlisle Journal, Coatbridge Express, Advocate of India, Walsall Observer, Manchester Guardian, Isle of Wight Guardian, Birmingham Daily Times, &c., have been received.

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